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VOLUME VI  
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# THE AMERICAN JOURNAL OF NURSING

VOL. VI

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NO. 1

## EDITORIAL COMMENT



### THE PRICE OF IGNORANCE

THE summer which has just closed seems to have shown an increase in all of those forms of illness which are commonly called filth diseases, which come from a lack of proper sanitary precautions where people are crowded together during the heated term.

If one is to judge from the prevailing newspaper reports, the epidemic of yellow fever in New Orleans has been most alarming; yellow fever and bubonic plague have been reported as threatening in the Panama Zone, while Russia and Germany have suffered from an unusual outbreak of cholera, and typhoid, meningitis, and all the more common forms of contagious diseases have been prevalent in many parts of our own country.

It seems strange that with the cause and prevention of such diseases so well understood by the two great professions of medicine and nursing that the public at large should remain in such total ignorance in these matters. It is perhaps hardly to be wondered at that the illiterate and dull among the masses remain in an unenlightened state, but that intelligent people, such as city officials are supposed to be, should permit conditions to exist which are conducive to these epidemics remains an ever-increasing mystery.

From an economic standpoint the cost of prevention, leaving out the entire question of suffering and death, would be infinitely less to the local government than the expense which must be entailed in suppressing and controlling any one of these epidemics.

We are of the opinion that the two professions of medicine and nursing are in a measure responsible for the ignorance of the people at large in regard to these questions, that knowledge through schools and

the public press should be more widely disseminated by them, and that no individual of either of these professions is exempt from obligations along these lines.

Every question concerning the public health, no matter how small the town or how large the city, is one in which the local doctor and the local nurse should be interested and active, and neither is carrying out the obligations of his or her separate profession, which calls for service which is first and always for the benefit of others, who remains passive and consents to reap the financial benefit of such public ignorance without having made every effort possible for the enlightenment of the people of the community in which they live.

Such preventive measures as are practised and such knowledge as has been disseminated has come, in every part of the world, from that small group of medical men who have always been true philanthropists and educators, the rank and file in the medical profession remaining passive, while the great nursing body, with the exception of a few individual exceptions, seem to be serenely unconscious of any obligation; but as specialists and co-workers with the medical profession we have no right to shirk these responsibilities longer.

This line of work is legitimately within the province of every nursing organization, and these organizations should make themselves felt in such matters as clean streets, sufficient water supply, proper flushing of sewers, cleanliness of public conveyances, school nursing, etc. If nurses are going to claim the right to call themselves members of a profession, they must begin to assume the responsibilities that such a profession entails.

We need a tremendous awakening all along these lines in regard to our responsibilities in the question of public health.

We are indebted to Miss Florence F. Quaife, of the Truro Infirmary, New Orleans, for the article published in this issue on yellow fever. As the introductory note explains, this paper was written by Dr. Rudolph Matas, was submitted to the medical society of New Orleans for its endorsement, and was ordered published and circulated for the benefit of nurses, physicians, and others who were engaged in the work of caring for yellow-fever patients.

This information is absolutely authentic, and nurses everywhere should familiarize themselves with the simple, practical facts which it contains.

Miss Quaife promises to send to the JOURNAL further information in regard to the epidemic of yellow fever in New Orleans and the nursing of these cases, and our pages are open to nurses everywhere who have had the actual practical experience of these summer epidemics.

In these days of rapid transportation, with hundreds of people every day moving from one section of the country to the other, no nurse can be sure that she will not be called upon at any hour to nurse one of those diseases which are considered peculiar to the tropical regions, and to those who are already enrolled on the Army Reserve List such knowledge is absolutely necessary. Imagine the humiliation of a nurse from the North who, being ordered into the yellow-fever district, finds herself totally ignorant of the simple precautions necessary for the prevention of the spread of the disease.

#### THE VOLUNTEER ELIGIBLE LIST.

Speaking of the Army Reserve List takes us again to the subject of the enrolment which is going on slowly in the Nurse Corps department in Washington. The names found there are few in number, but among them are some of our best-known women, heading the list being the name of Miss Isabel McIsaac, who, after twenty years of the most arduous and confining work in the nursing profession, stands ready to leave her little home, so lately acquired, with its privacy and independence, to serve her country in time of calamity or epidemic at an hour's call.

We are inclined to think, however, that the ranks of the volunteer eligible list should be filled by the younger women, just as the ranks of the army are filled by young men. That young men make more enduring soldiers is a recognized fact all over the world, and that they also come more readily under the rigid discipline which is necessary in handling great numbers of people is also recognized.

This applies, we believe, with equal force to nurses in the army; there must be enough of the older women of experience to organize and control, but the great body of the Nurse Corps should be made up of the younger women who have not exhausted their endurance by long years of arduous work, and who have not been so long from under the discipline of hospital training that the necessary military restraint will come as a great hardship.

We cannot believe that it is lack of patriotism that makes American nurses so backward in making this volunteer list a credit to our profession. We know that if the need were to arise, thousands of nurses would be clamoring for an opportunity to serve.

We want to know why nurses are so slow about it, what there is that they do not understand, or why it is that, being good American citizens, possessing both the skill and the strength, they hesitate to place their names on the honor list, which is what this voluntary service will mean.

To submit to discipline, endure hardship, and risk one's life if need be is what the Government is asking of the great nursing body, and this

is simply what a nurse's life stands for, but so far only forty-three women have signified their willingness to stand ready to serve their country in time of calamity or war.

#### THE REGULAR SERVICE.

During our recent visit to San Francisco we spent an afternoon at the United States General Hospital at the Presidio, where all nurses entering the service are sent for their first detail, and where those going to and coming from service in the Philippines make their headquarters.

Our visit was unannounced, but we were given an opportunity by Miss Gottschalk, the nurse in charge, to meet every nurse at the station, and we were impressed with the dignity and intelligence of this group of women.

The hospital is very large. We do not remember the number of beds, but it consists of a great many pavilions built around a square with a most beautiful operating-pavilion recently finished and equipped. The hospital, as a whole, seemed to be most liberally supplied with every necessary appliance for the most efficient care of the sick. The patients were carefully classified and that order and discipline so characteristic of the army service in time of peace was very apparent.

Of the new operating-pavilion we can only say, from a hasty visit, that we have never seen an equipment in any civil or private hospital that compares with it.

The nurses detailed to this service perform practically the same duties as in civil hospitals, preparing all dressings, catgut, solutions, etc., and caring for the pavilion and adjoining rooms.

The nurses' quarters were comfortable, the dining-room somewhat crowded, but we have known that condition to prevail in many civil hospitals. From what we were able to learn in so hasty a visit, an examination of charts and questions as to methods, etc., the work of this hospital seems to be carried on upon the most scientific lines.

In fact, in just the proportion that the Government manages its hospitals badly in time of war, it would seem to be managing them exceptionally well in time of peace.

The point which we wish to emphasize in connection with our very short visit at the Presidio is this: that we can see no reason why well-trained, properly disciplined nurses should enter the army service and do so much grumbling as we have personally known many of them to do. We are inclined to think that it is more rebellion against the rigid military discipline, which must be maintained for the women in the army as well as for the men, rather than from any real cause of complaint so far as their personal comfort is concerned.

Much has been accomplished in a very few years in the way of improvement in the army service. Promotion with rank, which will give the nurse social status in the army, is what the service needs and what must be brought about. When that has been secured the army department will become, as it properly should, the most distinguished branch of nursing that a woman can enter. What we need at present is calm, deliberate, common-sense criticism from the nurses in the service, made in such a manner that the great nursing body can understand the needs and intelligently cooperate in securing such legislation as will give rank and such other improvements as the service should have to give greater dignity to the nursing department of the army as a whole.

Let us have a calm, reasonable discussion of the eligible volunteer list and the regular army service that nurses generally may have a better understanding of both departments.

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#### SOME THINGS ABOUT THE SUMMER JOURNEY

WE returned to the JOURNAL desk on September 6 after two months of constant and very delightful travel across the country to Portland by the Northern Pacific route, with a side trip to Yellowstone Park, down the coast, stopping in California at San Francisco, Santa Barbara, Los Angeles, and Pasadena, then on the return trip a short stop at Tacoma, a few days in Seattle, North Yakima, and Spokane in Washington, another stop in Minneapolis and St. Paul, ending with a few days with Miss McIsaac at "Cranford." Although the trip was for pleasure, we visited a number of hospitals along the way and were entertained by nurses at most of the places where we stopped. We come back with our knowledge of hospitals and nursing standards greatly broadened, our patriotism increased,—if that were possible,—and our pride in the nursing profession wonderfully stimulated—if that also were possible.

The great expanse of unoccupied country between the Atlantic and Pacific impressed us quite as forcibly as it did when we made the trip more than a quarter of a century ago, but the progress that men have made in mastering the obstacles and in developing the resources of the West was a constant surprise and a never-failing interest. The development of the Northwest especially has been very graphically written up in the *World's Work* for August, with a series of illustrations that make an excellent souvenir of the summer's journey for those who have been over the ground.

The Yellowstone Park has been too frequently described to need more than passing mention—more than to say that one must see it to



appreciate its charm. It is the almost supernatural action of geysers, paint-pots, hot pools, and cold streams that make it so interesting seen under comfortable conditions of travel and with the added charm of staging through the beautiful mountain scenery of the Rockies.

One feature of the Park we think has not been sufficiently emphasized, however, and that is the lake, the highest body of water of its size in the country, in altitude a "mile and a half above Boston," as we were informed by the captain of the steamer that carries passengers across from the "Thumb" to the Lake Hotel. Perhaps because no scenery is ever perfect to us without water the view of this beautiful lake as we came over the crest of the last hill seemed the crowning beauty of the Park. Snow-capped mountains on the one side and forests of dark, silent pines on the other give a peculiar beauty to this sheet of water, and at no point are the mountains seen to such an advantage as from the little steamer when midway across the lake.

It is an interesting instance of the difficulties that have been overcome to make the Yellowstone trip attractive to know that the small steamer that has been on the lake for a number of years was brought across from Gardiner in sections, more than fifty miles, during the early days of the development of the Yellowstone, and that the new boat, which was launched on September 16, an invitation to which ceremony we received, was built on the shore of the lake, all material and machinery having to be carted on six-horse teams over the mountain roads of the Park. When one considers that this boat carries six hundred people, and in furnishing and equipment meets all the requirements of excursion boats of the highest class, it is hardly possible to realize the enterprise that has been necessary for its construction. It is the work of a private company, not the Government. No one should visit the Yellowstone without taking the little trip on the lake. It is not included in the regular ticket, but it is well worth the extra charge, and one evades a long stretch of dusty, level road by doing so. Nurses need diversion when they rest, and no better way of being entertained can be found than by taking this most interesting trip through the Yellowstone Park.

Even nurses can be interested in "irrigation," and during our trip we were able to study the system by which the sage-brush desert is made to produce apples that weigh a pound, fruits and vegetables of every kind, and three crops of alfalfa and hay in a season. So easy did it all seem to make things grow that we are tempted to recommend to nurses fruit-growing by irrigation as a refuge when professional interest and strength begin to fail. It is said to be very much easier than farming in

the East, although it would seem to require, owing to the use of many labor-saving devices, a higher order of intelligence.

It is marvellous to think that only water is needed to make the desert blossom as a rose and that each year the ingenuity of man is bringing water farther and farther from its source for this purpose.

#### THE HOSPITAL SYSTEM OF THE COAST.

In all of the cities visited we found hospitals, some magnificent in construction and equipment,—hotels really for the sick,—owned by companies of physicians who are the stockholders and directors as well as physicians in attendance, and who conduct training-schools and reap large profits from the investment—from ten to sixty-five per cent. we were told. Such hospitals are said to be a necessity, especially in California, where so many people in doubtful health flock to avoid the severe climate of other sections of the country. They are intended only for the class of people who are able to pay and who are accustomed to hotel prices and hotel "extras."

But we found that the so-called general hospitals and church hospitals cared only for people who could pay or be paid for, endowed beds being very few even in the church hospitals, and we were told that the poor who applied for admission were sent to the county hospital—that there were no worthy poor on the Pacific Coast, that the man who had no money was either lazy or vicious, as work was so plenty in a new country that no man need be without means when overtaken by sickness. We also were impressed with the fact that few people seemed to know much about the county hospitals. We had the curiosity to visit the County Hospital in San Francisco—a place with a bad reputation in 1880 and that would seem to have progressed backward even with the introduction of a training-school. We do not intend to describe this hospital more than to say that it is under the control of the political machine, the members of which, it would seem to us, must be lacking in the common milk of human kindness—a man-governed institution for graft. Many good superintendents of nurses have attempted to reform this place, but as soon as suggestions requiring honest administration have been insisted upon a vacancy has occurred. There is an awakening among the citizens of San Francisco, however, that promises better conditions for the aged and sick who must seek refuge in this place.

The County Hospital in Los Angeles we did not visit, but we were told it was "not as bad as the one in San Francisco," and in Portland the County Hospital was spoken of as a place way off somewhere that no one knew about.

How the prosperous city of Seattle provides for its pauper sick is

shown in Miss Major's little sketch in this issue. Miss Major has brought a woman's domestic instinct to bear upon a very crude and novel situation, and the result is a homelike, clean, and comfortable little hospital made out of an old boat. We inspected every nook and corner of it, and never have we seen a better illustration of the fact that *buildings* are not the most important requisite for the care of the sick. The right kind of a woman with power must always come first.

We were interested to visit the County Hospital of Seattle, and here we found an exceptionally comfortable institution—a good building, charmingly situated, with an atmosphere of cleanliness and sunshine everywhere, tents at one side for tubercular cases, and a vegetable garden with fruits and flowers in abundance. We were told that the excellent condition of this hospital was entirely due to the character of the man at the head and the matron, who were sincerely conscientious in the work they had undertaken, and that in spite of politics the place was well conducted. We were most courteously received and urged to inspect every part of the institution. There is no training-school here, but the nurses were attractive-looking women and, so far as one could judge from so superficial an inspection, were taking excellent care of the patients. Everything was sweet and clean, quite in contrast to the County Hospital at San Francisco.

Seattle has just built a magnificent club-house, and the decorations of the "bar" in the new Alaska building—a big business block—are the pride of the city. The spirit of charity as we associate it with the care of the sick is seemingly lacking among the people on the Pacific Coast. The pioneer days are passing, however, and the charitable spirit will naturally follow the commercial age which every new settlement seems to have to pass through.

We believe the awakening is to come largely through the nurses, but we must wait for space in another issue in order to discuss the training-schools and nurses of the Pacific Coast.

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#### STATE MATTERS

WE call the attention of our readers to several important State announcements in the Official Department. New York and Ohio hold regular meetings in October. The Maryland Board of Nurse Examiners make an appeal to nurses to be more active in the matter of registration. Work in the New York office has been delayed during the summer by the absence of the president and secretary of the Board of Examiners, but is now resumed and will be carried on regularly. The terms of the



waiver expire in April, 1906, after which date no certificates will be issued without an examination.

#### MEETING OF THE NEW YORK STATE NURSES' ASSOCIATION.

The regular meeting of the New York State Nurses' Association will be held at Niagara Falls on Tuesday, October 17, at ten A.M. and two P.M. Delegates will register at nine A.M. The Mayor of Niagara Falls will deliver the address of welcome and several very interesting speakers are expected.

On Wednesday, the 18th, an open meeting will be held for the purpose of discussing the Registration Act. Representatives of hospitals and nurses who are not members of the association are cordially invited. The meetings will be held in the auditorium of the Natural Food Conservatory.

The local committee recommends the following hotels: Temperance House Annex, two dollars per day; Hotel Imperial, two dollars and fifty cents per day; Hotel Powers, two dollars per day.

Some interesting trips are being arranged for, especially the one by the Gorge Route, following the Niagara River to Lewiston and back on the Canadian side through Queenston and Victoria Park.

There should be a very large attendance at this meeting, as it is within easy distance of so many nursing centres in the western part of the State, and Niagara offers rare attractions to nurses at a greater distance. It is hoped that excursion rates can be arranged for, and nurses should inquire if this has been accomplished before buying their tickets. In parties of not less than ten we think this can often be done from local points.

We are anxious to have the names and full addresses of the presidents and corresponding secretaries of all the twenty-one State associations to publish in the November JOURNAL, and to be kept in each number during the year. We shall do this in response to a number of requests, and the list to be valuable must be accurate and complete. We ask all such officers to send their addresses at once.

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#### CHANGES IN THE JOURNAL STAFF

We regret exceedingly to announce to our readers the resignation of Miss Elizabeth R. Scovil as editor of the department of "Notes from the Medical Press." Miss Scovil is leaving her old home in New Brunswick to accompany her brother and his motherless family to a new home in the Far West, and she feels that the regular work and time which the

department requires will be more than she can continue to give under the changed conditions of her life.

The editor of Medical Notes has not only to put her material into form for the press, but must examine a dozen or more medical journals each month and cull out such ideas or items as will be of special value and interest to nurses.

Miss Scovil's gratuitous work has been splendidly done, her copy always on time, and the JOURNAL makes full and grateful acknowledgment for the liberal service of such a high order of excellence that she has given to it for so long a time.

We extend to Miss Scovil for the JOURNAL and its hosts of readers earnest wishes for great happiness in her new environment.

Miss Scovil will make up the department for the November number, and in that number we hope to announce her successor.

#### THE COLLABORATORS.

The staff of collaborators remains the same as last year with the exception of two new members added to the list, Miss Mary S. Loomis, of Seattle, and Miss A. Laura Goodman, of Spokane, who will represent the JOURNAL in the State of Washington.

Miss Loomis has lived for many years on the Pacific Coast. She is a graduate of the Illinois Training-School and returned to the coast to practise her profession. She is in charge of the operating-rooms at the Seattle General Hospital and is president of the Nurses' Association of that city.

Miss Goodman is a graduate of the Harper Hospital, Detroit. She has been in Spokane only two years, but is an active worker for State registration and the corresponding secretary of the Nurses' Association.

We take this time to remind our collaborators that the JOURNAL looks to them for information on all nursing matters from their districts, and expects them to induce nurses especially to contribute to its literary pages. The office is not in any sense complimentary. It carries with it an obligation for the advancement of the profession. The collaborators are the JOURNAL's special agents to stimulate nurses to literary effort, a department of progress in which it is often said nurses are very lacking. Such development is essential for professional growth, and this JOURNAL is the product thus far of the literary efforts and literary standards that nurses have attained, but it has been too much the work of a few rather than representative of the profession as a whole. One of the very important educational motives for the JOURNAL's existence was to stimulate nurses to literary effort, and in promoting such effort the collaborators have been and must continue to be great factors. We

urge upon them, therefore, greater activity along these lines for the coming year, acknowledging with pleasure our indebtedness for work done in the past.

The JOURNAL begins the new year with brightest prospects. The awakened interest of the alumnae associations promises to soon relieve the individual stockholders of all financial responsibility and to make the JOURNAL in fact the property as well as the official organ of the Associated Alumnae.

It only needs to have the individual alumnae associations increase their membership dues to include the subscription to the JOURNAL to make it possible to broaden its educational value, improve the quality of the magazine, and at the same time make it cheaper, pay all contributors and officers for their material and work, and make it the most splendid professional journal the world has ever seen.

We offer this suggestion to the alumnae associations to be taken up for early consideration with the work of the year just now beginning.

#### CIVIC RESPONSIBILITY.

We also urge greater activity in the organization along the lines of civic work, and we want to see every alumnae association represented on the Board of Managers of its hospital and training-school. We realized in listening to the papers and discussion at the Portland Congress that there is hardly a question bearing on public morals or public health where the experience and judgment of nurses is not needed. We hope the day is not far distant when nurses will be recognized as being something more than paid agents of philanthropic associations, but they must show their interest and demonstrate their ability before such recognition will be voluntary on the part of the public.

The time is coming when nurses will take care of all sick people as the natural responsibility of the profession. It is what all nursing education is leading towards, and in the long future the people whom nurses serve will not be only those who can pay twenty-five dollars per week. Competition and an overstocked market will make it necessary for nurses to take the fee of the man who can pay fifteen, ten, or even five dollars. When she is recognized as belonging to a profession she will be able to charge more than twenty-five dollars—perhaps one hundred—to the man who can pay it, and in this way strike an average which will make nursing much more profitable than it is to-day; the great middle class will be properly nursed, the untrained woman will not be needed because she is cheap, the public will be better served, the nurse better paid, and the doctor better pleased. In the meantime, push forward State registration and all organization work. The strength of the movement is in the local associations.

## YELLOW FEVER

By RUDOLPH MATAS, M.D.  
New Orleans, La.

### INTRODUCTORY NOTE.

At a meeting of the Orleans Parish Medical Society, held August 12, 1906, Dr. Rudolph Matas addressed the society on the "*New duties and responsibilities imposed upon trained nurses, and other persons entrusted with the care of yellow-fever patients, in consequence of the newly acquired knowledge of the mode of transmission of this disease by the mosquito.*" He believed it the duty of all physicians, and especially those interested in the education of trained nurses, to properly instruct them in the elementary facts upon which the present methods of yellow-fever sanitation and personal prophylaxis are based. The rôle of the mosquito in the transmission and causation of yellow fever had been made quite apparent to the general public by the numerous speakers who had engaged in an educational mission in the present campaign. But the great responsibility which now rested upon the trained nurse in applying this recently acquired knowledge as a matter of professional obligation at the bedside had not been fully appreciated by either the physicians or the nurses. The physician himself could only give directions and instructions; the detailed and efficient execution of his orders rested wholly upon the trained nurse or the person who took her place at the bedside. It was unfortunate that the number of trained nurses that were available in the present epidemic was so entirely inadequate to meet the needs of the population, and still more unfortunate that so few had been trained intelligently and efficiently in the hygienic or sanitary management of the disease. On the other hand, the essential knowledge required to do efficient sanitary work at the bedside was easily obtained and easily applied, provided the nurse or responsible attendant at the bedside was duly impressed with the necessity of destroying mosquitoes in the sickroom as a serious personal responsibility. As a teacher in a training-school for nurses, he was impressed with the value of elementary laboratory demonstrations which elucidated the more impressive and important facts in the biological history of the mosquito as an adjunct to didactic teaching in the prophylaxis of yellow-fever, and he hoped that others interested in the training of nurses in the hospitals and schools of the South would add this mode of instruction to the regular curriculum, not only on account of yellow fever, but also of malarial and other tropical diseases in which the mosquito entered as a large etiologic factor. He had prepared a brief synopsis of the elementary facts connected with yellow-fever prophylaxis and a statement of the nurse's sanitary duties in this disease, which he had utilized in his teaching and now submitted to the society for approval.

It was moved by Dr. L. F. Saloman and seconded by Dr. G. Kolts that a pamphlet, incorporating the suggestions and recommendations of Dr. Matas, be printed by the society and be distributed among the physicians and nurses of New Orleans. This motion was carried unanimously.

## I.

## ELEMENTARY FACTS OF EDUCATIONAL VALUE.

1. Yellow fever may be defined as an acute, infectious, febrile disease which is transmitted from the sick to susceptible individuals through the agency of mosquitoes, and, as far as known, by the single species, the *Stegomyia Fasciata*,\* which is the common domestic or cistern mosquito of New Orleans, and, in fact, of all the localities in which yellow fever prevails.

2. The germ or transmissible poison of yellow fever exists in the blood of yellow-fever patients only during the first three days of the disease; afterwards the patient ceases to be a menace to the health of others. Hence the importance of recording the very hour when the attack first began.

3. The mosquito (*Stegomyia Fasciata*) is powerless to convey the disease to a susceptible person by its bite until at least twelve days have elapsed after biting the yellow-fever patient. This period of incubation in the mosquito is the time that is required for the germ of the disease to breed in the body of the mosquito and to migrate from the insect's stomach to its salivary glands. The United States Army Yellow-Fever Commission found, in 1900, that in Cuba this period varies from twelve days, in the hot summer months, to eighteen days and over, in the cooler winter season.

4. After incubating the yellow-fever germ in its body during the period above specified, the *Stegomyia* is ready to transmit the disease during the entire period of its natural life, which may extend over one hundred and fifty-four days, provided the insect has access to water. (Guiteras.) Walter Reed was able to inoculate yellow fever with a *Stegomyia* fifty-seven days old, Guiteras with another one hundred and one days old. [NOTE.—According to Agramonte, *Stegomyia Fasciata* in Havana can only be coaxed to bite until four days old. With us in Louisiana, says Dupree, it bites without coaxing within twenty-four hours after emerging from the pupa case. It was believed at one time that: (1) the females of *Stegomyia* must be impregnated before they will bite; (2) that the female after biting once does not appear to bite a second time, or at least until five or seven days have elapsed; but

\* *Stegomyia* (pronounced *step-o-mi'-e-ah*), from the Greek, *Stegano*, covered, and *mys*, a fly. (Gould.) The *Stegomyia Fasciata* (striped) is also known as the "brindle" or "tiger" mosquito, on account of the striped appearance of its limbs, which readily distinguish it from the common gutter mosquito (*Culex Pungens*) and the swamp or malaria mosquito (*Anopheles*). *Stegomyia Fasciata* is found wherever yellow fever prevails. It is essentially a domestic mosquito, found usually in the neighborhood of human habitations and preferably in clean, sweet water.



Dupree says that the *Stegomyias* in Louisiana that have been isolated and reared apart from the males will bite promptly and frequently. Probably after they have digested their blood meal, and, like *Anopheles*, within three to five days after.]

5. A period varying from two to five days usually elapses after the bite of an infected mosquito before the symptoms of yellow fever will develop in the human subject. (This is the incubation period of yellow fever, and the United States Army Yellow-Fever Commission found that in thirteen cases of experimental yellow fever obtained by the bites of mosquitoes it varied from forty-one hours to five days and seventeen hours, after mosquito inoculation.)

6. From the above we gather that if an adult *Stegomyia Fasciata* bites a yellow-fever patient within the first three days of the disease it will have to incubate the poison in its body from twelve to eighteen days (incubation period in the mosquito); then, if it bites a susceptible person at the expiration of this time, two to five days must elapse for the disease to manifest itself in the bitten person. Therefore, in estimating the probable spread of yellow fever, from a single individual to the susceptible persons in his environment, a period of at least twenty-six days must be allowed to elapse before the success or failure of any preventive measures directed towards the destruction of the mosquito can be determined. In view of the fact that several days may elapse before a mosquito infected from the first case may bite a susceptible person, this period of observation should be lengthened to thirty days, which is the time given by the health authorities of New Orleans in the present epidemic to determine if a focus will develop from an infected case after its first appearance in a given locality.

7. The *Stegomyia Fasciata* cannot convey yellow fever during the time that the poison is incubating in its body (twelve to eighteen days). It may bite freely and repeatedly during this period, but its bite is innocuous; neither does its bite within this period confer any immunity to the bitten person.

8. Yellow fever is not transmitted or conveyed by fomites (i.e., articles or inanimate objects that have come in contact with yellow-fever patients or their immediate surroundings). Hence the disinfection of clothing, bedding, or merchandise supposedly soiled or contaminated by contact or proximity with the sick is unnecessary.

9. The bodies, or cadavers, of the dead from yellow fever are incapable of transmitting the disease unless death occurs within the first three days of the disease (a rare occurrence), and then only if mosquitoes are allowed to bite the body before decomposition has set in.

10. There is no possibility of contracting yellow fever from the black

vomit, evacuations, or other excretions or secretions of yellow-fever patients.

11. An attack of yellow fever caused, as it always is, by the bite of the *Stegomyia* confers immunity against subsequent attacks of the disease.

## II.

### NEW DUTIES AND RESPONSIBILITIES IMPOSED UPON TRAINED NURSES IN THE TREATMENT OF YELLOW FEVER IN CONSEQUENCE OF THE ABOVE FACTS.

1. No nurse can be considered as trained in the management of yellow fever in the light of present accepted knowledge unless she realizes fully, earnestly, and conscientiously that the disease is transmitted solely by mosquitoes, and that it is her duty to prevent the admission of these insects to the sickroom and to destroy them promptly if they should find their way therein.

2. That as the inseparable attendant at the bedside of the patient she must coöperate with the physician in the discharge of his functions as guardian of the public health, the trained nurse in this capacity becoming directly the most efficient and important sanitary agent in preventing the spread of yellow fever in infected localities. Upon her intelligent appreciation of the mode of transmission of this disease her personal safety (if she is a non-immune) and the protection of the family and the entire household of the patient (especially if these are not immunes) largely, if not entirely, depends.

3. Every nurse must bear in mind that the most malignant yellow-fever patient is innocuous and absolutely harmless to even the most susceptible non-immune if the proper precautions are taken to prevent the access of mosquitoes to the patient's person.

4. The greatest freedom of personal contact and intercourse may therefore be permitted between the yellow-fever sick and the well in the sickroom, provided the inoculation of mosquitoes by biting the patient during the first three days of the disease is absolutely prevented.

5. The mission of a trained nurse is not satisfactorily accomplished if a patient suffering from any kind of fever, in localities infected with yellow fever, who is confided to her care is allowed to be bitten by a mosquito, even if the fever is proven not to be yellow fever. Mosquito bites are annoying and harmful even if not infective to the patient, and it must be looked upon as an evidence of neglect if he shows evidences of mosquito stings.

6. No nurse can consider herself a trained yellow-fever nurse unless she has made herself thoroughly familiar with the weapons which science and experience have given her to effectively protect her non-infected

patients and those persons who are dependant upon her knowledge and exertions for safety from the infected.

7. The weapons of offence and defence that the nurse must learn to handle in protecting her patients are:

(A) *The Mosquito-Bar (bobbinet preferred), to isolate the patient in his bed.*

1. The netting of bars must have meshes fine enough to prevent the passage of mosquitoes.

2. Mosquitoes can bite through mosquito-nets when any part of the patient's body is in contact with the netting.

3. Frequent examinations should be made to see that there are no torn places in the netting and that no mosquitoes have found a lodging inside.

4. The netting should be well tucked in to keep the mosquitoes from entering.

5. If mosquitoes are found within the netting they should be killed inside, not merely driven or shaken out.

6. All cases of fever should be promptly reported to the physician; awaiting his arrival they should be covered with a mosquito-bar. This is particularly important in dealing with mild fevers, especially in infants and children in localities liable to infection with yellow fever. The disease manifests itself in such a mild form in infantile and early childhood that it is likely to escape recognition. On account of the very mildness of the symptoms the usual precautions are not taken and the mosquitoes are able to spread the disease without molestation. The mild or unrecognized cases are for this reason the most dangerous from a sanitary point of view.

(B) *Screens.*

All openings leading to the sickchamber should be screened. Outside of hospitals wire screens are not usually available, and provisional screens can be made of bobbinet or cheese-cloth, which can be tacked or otherwise secured to the openings of the sickroom.

(C) *Sulphur and Pyrethrum for fumigation.*

Fumigate the room with sulphur or pyrethrum (insect powder) to destroy possibly infected mosquitoes as early as possible after the fourth day of fever. Sulphur burned in an iron pot is the surest way, and if used in proper quantity will not injure fabrics or colors. Three pounds in an average room is sufficient if the room be closed; more accurately, two pounds of sulphur to one thousand cubic feet of space is estimated by sanitary authorities; and one pound of insect powder to one thousand



cubic feet will suffice to stupefy the mosquitoes. The mosquitoes will fall to the floor and should be collected and burnt. Two hours' fumigation with sulphur is quite sufficient in ordinary cases. The fumes of sulphur will not remain long, and household ammonia sprinkled about the room will diminish their unpleasantness.

The fumigation should be done in the morning, so that the room will be free of odor by night, and it should be done preferably in dry weather. Whenever the condition of the patient will permit, a room adjoining the one occupied by the patient should be first purified of mosquitoes and prepared for the reception of the patient, who is to be carefully transferred to the disinfected room as early as possible after the fourth day.

The work of disinfection and mosquito destruction, as well as screening, is now conducted by the health authorities immediately after notification by the attending physician. But in isolated localities, or when delay in obtaining sanitary relief is unavoidable, the physician and the nurse must direct the members of the household in applying the prescribed regulations.

Additional precautions in sulphur fumigation, recommended by the Health Authorities in charge of sanitation in New Orleans during the present epidemic:

"Remove all ornaments of metal, such as brass, copper, silver, and gilt, from the room that is to be fumigated. All objects of a metallic nature, which cannot be removed, can be protected by covering the objects tightly with paper, or with a thin coating of vaseline applied with a brush.

"Remove from the room to be fumigated all fabric material after thoroughly shaking. Open all drawers and doors of furniture and closets.

"The room should be closed and made as tight as possible by stopping all openings in chimney, floor, walls, keyholes, and cracks near windows and doors.

"Crevices can be closed by pasting strips of paper (old newspapers) over them with a paste made of flour.

"The sulphur should be placed in an iron pot, flat skillet preferred, and this placed on bricks in a tub or other convenient water receptacle with about an inch of water in the bottom. This is a precaution which must be taken to guard against accidents, as the sulphur is liable to boil over and set fire to the house.

"The sulphur is readily ignited by sprinkling alcohol over it and lighting it.

"The apartment should be kept closed for two hours, and then opened up and well ventilated.

"NOTE.—To find the cubic contents of the room, multiply the length of the room by the width, and this total by the height, and to find the amount of sulphur necessary to fumigate the room divide the cubic contents by 500, and the result will be the amount of sulphur required in pounds.

"Take, for example, a room fifteen feet long, ten feet wide, and ten feet high, we would multiply  $15 \times 10 \times 10$ , equals 1500 cubic feet. Divide this by 500, and you will have the amount of sulphur required, viz.: three pounds."

(D) *Kerosene Oil to destroy the larvæ of the mosquitoes in cisterns, gutters, pools, and other water surfaces where the eggs of the mosquitoes are deposited and develop into wrigglers.*

The following facts bearing on mosquito destruction recommended by the Board of Public Health and Marine Hospital Service in the circular of July 31, 1905, are of special value in suggesting the proper use of coal oil as a mosquito destroyer in infected localities.

#### FACTS BEARING ON MOSQUITO DESTRUCTION.

"1. Mosquitoes live in the vicinity in which they breed. They do not often fly a long distance.

"2. Mosquitoes breed only in water—usually in artificial collections of fresh water.

"3. The young mosquito, or wriggler, lives in water at least seven to twelve days.

"4. Although the wrigglers live in water, they must come frequently to the surface to breathe.

"5. Coal-oil on the surface of the water prevents the wrigglers from breeding.

"6. Destroy the breeding places and you will destroy the mosquitoes.

"7. Empty the water from all tubs, buckets, cans, flowerpots, vases, etc., once every forty-eight hours.

"8. Fill or drain all pools, ditches, unfilled postholes, and the like.

"9. Change regularly every day all water needed in chicken-coops, kennels, etc.

"10. Treat with oil all standing water which cannot be screened or drained (one ounce of oil will cover fifteen square feet of surface). The oil does not affect the water for use if the water is drawn from below.

"11. Where oil is applied to standing water it must be distributed evenly over the surface.

" 12. Put fine wire netting (eighteen meshes to the square inch) over cisterns, wells, and tanks of water in everyday use.

" 13. Places in which it is undesirable to put oil, such as watering-troughs for stock, lily ponds, and so forth, can be kept free from wrigglers by putting in gold-fish or minnows.

" 14. Clean away all weeds, grass, and bushes about ditches, ponds, and other possible breeding-places, since these afford a hiding-place for the mosquitoes.

" 15. Clean up vacant lots and back yards of all cans, tins, bottles, and rubbish in which water may collect and stagnate.

" 16. First do away with, or treat, all places where mosquitoes *are known* to breed, and then begin to work on places where they *might* breed.

" 17. Inspect and treat with coal oil gutters, culverts, ditches, man-holes, catch basins, etc., along the roadside. Manhole covers should be screened."

(E) *The Aromatic Essential Oils and other substances which are repulsive to mosquitoes:*

Such as citronelle, lavender, pennyroyal, menthol, camphor, eucalyptus, and thymol, may be used, pure or mixed with alcohol or glymol, to protect the exposed surfaces of the skin of the attendants in the sickroom to aid in keeping off mosquitoes.

(F) *The Hand Palmetto Fan, and the Electric Fan whenever this is available.*

The electric fan is not only most valuable as a means of cooling the hot summer atmosphere of the usual sickroom in yellow-fever districts, but is also a very effective destroyer of mosquitoes. In all cities where electric plants exist the electric fan is not to be regarded as a luxury, but as a necessity.

[See communication by Surgeon W. F. Arnold, United States Navy, on "The Mosquito and the Electric Fan," in *American Medicine*, August 12, 1905.]

8. Whenever it is impracticable for a nurse to screen the sickroom so as to make it mosquito proof, she should at least make every effort to protect the person of the patient during the prescribed three days of greatest danger from infection by constantly keeping him under a bar and destroying all the mosquitoes that may chance to penetrate within it.

#### TO THE PHYSICIAN.

It is the duty of every physician worthy of the name to encourage the nurse in the exercise of her sanitary duties, and to aid with all his influence and authority in preparing the environment of the patient,

personal and otherwise, for the proper and efficient discharge of the responsible duties that the new conditions have imposed upon the trained nurse in the treatment of yellow fever. No nurse, no matter how intelligent or conscientious, can possibly do her duty in protecting her patient from mosquitoes and preserve his surroundings from infection without the earnest coöperation of the attending physician and the whole-hearted assistance of the people in the infected household.

The following books and articles intended for the general reader are recommended for perusal by nurses and others seeking the most recent information on mosquitoes and yellow fever:

1. "Mosquitoes: How they Live; How they Carry Disease; How they are Classified; How they May be Destroyed." By L. O. Howard. Third edition. McClure, Phillips & Co., New York, 1902.

2. "The Problem of Mosquito Destruction in New Orleans." By Dr. Quitman Kohnke, Health Officer. (Illustrated.)

3. "Biennial Report of the Board of Health of the City of New Orleans, 1902-03." Report of a visit to Havana (describing the methods of yellow-fever sanitation based upon mosquito destruction). By the same author.

4. "Wood's Reference Handbook of the Medical Sciences." Edited by Albert H. Buck, Vol. V., second edition, 1904. "Mosquitoes in Relation to Human Pathology." By H. B. Ward.

5. "The Encyclopædia Americana," Vol. XVI., article, "Yellow Fever." By George M. Sternberg, Washington, D. C.

6. "The Mosquitoes of Louisiana and Their Pathogenic Possibilities, with Remarks upon Their Extermination." By Dr. W. H. Dupree, Baton Rouge, La. *New Orleans Medical and Surgical Journal*, Vol. LVIII., No. 1. (July, 1905.)

7. "Yellow Fever. Clinical Notes." By Just Touatre, M.D. (Paris). Translated from the French by Charles Chassaing, M.D. Published by *New Orleans Medical and Surgical Journal*, Limited, 1898. (Specially recommended for the section on treatment.)

More complete technical articles will be found in "Wood's Reference Handbook," second edition, Vol. VIII., 1904, as follows:

"Yellow Fever; Historical Sketch of the Disease, Its Etiology and Mode of Propagation." By Dr. Charles J. Finlay (Havana).

"Yellow Fever; History and Geographic Distribution." By George M. Sternberg (Washington, D. C.).

"Yellow Fever; Symptomatology, Morbid Anatomy, Treatment." By Dr. John Guiteras (Havana).

## VISITING NURSING\*

### REPORT OF THE SUB-COMMITTEE

By JANE ELIZABETH HITCHCOCK

Henry Street Nurses' Settlement, New York City

THE district or visiting nurse has long been recognized in her usefulness in the homes of the poor. Where illness has further complicated the difficulties of honest livelihood in its struggle with poverty, the strength-giving force of a trained nurse has not failed of recognition. Probably every city in the Union is provided with such nurses, and small villages, particularly of the manufacturing sort, have found the need of their services.

In the past few years both the nurse and the public have awakened to the fact that she has a more inclusive service to render, although perhaps not a better one, than simply that of ministering to the sick and caring for the dying. Schools of nursing are recognizing that the women they send forth from their walls should go with a sense of their duty as public servants as well as their consciousness of technical skill. Hence they are introducing into their curricula more of the general knowledge of peoples and conditions. The women who are leaving the seclusion of the hospitals are increasingly feeling their duty as citizens. More and more of the intelligence of the profession is going out along lines of social service. It was a visiting nurse, Miss Lillian D. Wald, who, twelve years ago, having responded to a call born within herself to live in neighborliness with her sick, saw her opportunity to do more than heal their bodies, saw that conditions of living, housing, etc., helped to make or destroy both health and character. She was, hence, emboldened to present herself to the New York Department of Health and ask its recognition of her efforts. A department badge and authority to enforce sanitary measures were given to her. This was the first connection of a nurse with the outdoor work of a public department. Now it is not at all unusual to find her an assistant in local Health Boards or in tenement-house inspection work. A few years later this same woman had experience with children undergoing long exclusion from school because of slight illness of a contagious character. Observing that a few visits from a nurse could easily rectify the situation, she conceived of the existing system of nurses in daily attendance at public schools. We will not touch upon this here, as we are to hear later in the evening from

\* Read at the Portland, Ore., Conference of Charities.



Miss Rogers of the success of the method now in operation in New York City.

As this is the age of specialties, so we find our visiting nurse falling into line and learning that she too has her limitations and can do better service by accepting them. In seasons of epidemic, like some of our recent struggles with typhoid and yellow fever, the visiting nurse force has played an active part. But she is not called in emergencies only, for now that the war against the "white plague" is being waged hot and furiously, the visiting nurse, giving care and advice, is an indispensable agent in the fight. In New York City there are twenty nurses giving their entire time to the care of tuberculosis patients, instructing in the intelligent care of the sufferer and the methods that should be used to effectively prevent the spread of the disease. It has been proven that where there is insufficient hospital space for the isolation of the common contagious diseases (scarlet fever, diphtheria, measles, and the like) the visiting nurse is of great usefulness. Taking the precaution of daily fumigation of dresses, bags, gowns, etc., she can go from home to home where the same class of disease occurs, and can do much in the way of proper nursing and instruction. The eyes of a mother may be opened to the value of daily injunctions to prevent the scattering of desquamated particles. It may be a new thought to her, but she can be taught to understand the hazard to one who drinks from a contaminated cup, or the danger to the neighbor of her who shakes infected bedding from the window. These thoughts, that have almost become axioms to you who are able to read the literature of the day, must be brought home by daily example and oft-repeated precept to the busy, care-burdened tenement-house mother.

The responsibility placed upon the shoulders of the nurse is heavy and oftentimes bewildering. Although she has the great advantage of having been called into the family circle in the midst of the crisis for the relief of which the sufferer is ready to unburden himself of all he may possess, still, she has at the same time the difficult task of keeping well balanced the present need and the causes that have produced that need. The natural, professional instinct of bodily relief must, of course, be responded to at once. That condition relieved, and the story of daily life and habits having come gradually to the knowledge of the nurse during her visits, she has gained information and influence that should lead to a friendship extending beyond the days of sickness. In the pressure of professional work one is apt to feel that if the present crisis is passed and the family once more at its normal level, the care in that particular quarter may cease until the "case" is again reported and the family again in trouble.

Nurses are probably no more prone than are other workers in special lines to see their specialty only and to be blind to other features. It is, however, not uncommon for them to overlook the possibility of uplift in other directions, or, having observed it, to attempt giving the aid themselves instead of acting the part of connecting link between the need and the agency especially adapted to supplying that need. Those who are especially interested in the development of this line of work are glad to welcome the dawn of particular preparation for those who are entering the field of visiting nursing. Training-schools are seeking lecturers from those who can give to them of their wide, practical experience in social problems, and the schools of philanthropy, on their side, are giving the nurse consideration. Mr. Devine, of New York, is considering the preparation of a course in connection with the School of Philanthropy especially designed for women who are to take up the work of visiting nursing. This course will embrace the most helpful lectures that are now given at the school, and will also probably include practical experience in connection with some of the well-established nursing organizations.

The world has been wont to look upon the nurse as a reliever of bodily ills, and in some degree as an assistant in solving social questions. There is another aspect that is not often touched upon and yet has large possibilities—namely, her economic value when considered in connection with the crowded hospitals and their increased deficits. There are certain kinds of illnesses that can be treated only with the facilities of a hospital at hand, and there are certain people whose surroundings are such that attempted care in the home or in the boarding-house is a fiasco. For such cases as these the hospitals should always have room. There is another class of people, honest, self-respecting, industrious, who are happily and comfortably provided for while health and strength are theirs. Perhaps they are able to meet some part of the extra strain, the doctor's daily visits and the medicines, but the nursing may be an expense that is just too much to be borne. Perhaps there is not room in the already crowded home to bring in another person, and she, too, a stranger. In such situations as this the visits from the district nurse at stated intervals, a systematizing of the sickroom, a clarifying of the doctor's orders, an hour twice or thrice a day of careful nursing, and perhaps a special nurse established at the bedside on the night of the crisis, will often save a patient from the hospital and leave the place to one who perhaps has no home and no one to give care.

Convalescents, who would do better with the stimulus of family life and healthy people about them, are retained in the wards because of some bit of minor surgery that the visiting nurse could easily manage on her

daily rounds. Recently there came to the notice of the writer a young woman discharged from a general hospital as incurable. She was advised to make application to a home for incurables, but her husband, as young and full of unreasoning hope as herself, said, "No; we will ask the help of the district nurse, and she and I will take care of you." Youthful courage and persistence is accomplishing more than the "Professor" had deemed possible. The home for incurables is spared an inmate and the little family is reclaiming its own.

These are not isolated cases. They are to be found in every district. Much of the hospital deficit problem would be solved if more thought were given to consideration of the best way to help the sick poor care for themselves in their homes.

Among the unsolved problems of the nursing profession perhaps the most puzzling one at present is how to provide adequate nursing for the moderate wage earner. There is a large body of citizens who do not need gratuitous service and yet are quite unable to sustain for any length of time the heavy outlay of a private nurse. The paid hourly nurse has already made some headway. In several centres nurses work by the hour at a specified rate, their methods being much the same as those of the district nurse except for the financial basis. Miss Rutherford, of Baltimore, who has had some experience along this line, writes: "All kinds of people have found us useful: the doctor who needed a nurse for an hour or two in his office or for a minor operation; the chronic invalid with kind friends to do much for him but whose day and night were eased by the hourly morning and evening visit when the bath and the rub were skilfully given; the woman living in the boarding-house with no room for a regular nurse and to whom the expense of both the nurse and her board would have been out of the question; the private nurse tired out with a long case and unable to get air and rest without a responsible person to leave in charge; the careful mother with the sick child needing someone to assist her in carrying out the special order that would have agitated her; the nervous, retiring woman, shrinking from having her own loved ones dress the chronic sore. All of these have found the hourly nurse useful, and perhaps to none has she been of such assistance as to the private nurse herself. Speaking from a year's experience as an hourly nurse there seems to me nothing more delightful in the profession. The constant, out-of-door life is most healthful, and the patients, after the unskilled care of the home people, welcome the nurse who comes in for the hour bringing with open arms the freshness of the outside world. All over the country there are isolated nurses doing this work, and registries are sending out nurses to single cases. We think, however, that in order to be of real benefit to



the community certain nurses should do this line of work exclusively, receiving their calls from a central registry. When possible the nurse should receive a stated salary, the fees from the patients being paid in to the central association."

Another and somewhat similar plan has been suggested by Jamieson B. Hurry, M.D., in a pamphlet recently issued by him. His suggestion is for benefit associations. The payment of a specified sum per year should entitle the payee to the assistance of an hourly nurse under certain restrictions as to chronic cases, contagious diseases, and the like. The yearly dues of such an association should amount in the aggregate to the nurse's salary, the running expenses, and a surplus sufficiently large to permit of assistance during seasons of epidemic or periods of extra stress from other causes.

Visiting nursing in America is comparatively young. Although the first record of provision for the care of the sick poor in their homes dates back to 1813, to the Ladies' Benevolent Society of Charleston, S. C., still, the first group of nurses that was set apart for this work was a branch of the New York City Mission begun in 1877.

Miss Waters's statistical statement is an incomplete record of the visiting nurse in the United States at the present time. This work was begun under the impression that the body of nurses engaged in this line of work was small. As new associations are constantly coming to light in response to Miss Waters's appeal, it is evident that the end is not yet reached, and that this report can only be considered as partly complete.



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**Nurses' Settlement, New York**

FOR THE CONFERENCE OF CHARITIES, PORTLAND, ORE.

Place.	Name of Association.	Incorporated.	Affiliation.		Training Hours.			Kind of Course.					Salary and Items of Interest.
			Church.	Other Agent.	No. of Nurses.	Graduate.	Regul.	A.M. to P.M.	Regul.	Medical.	Obstetrical.	Constitutional.	
Albany, N. Y.	Albany Guild for Care of the Sick.....	1897	no	no	no	5	.....	Unlimited	yes	yes	yes	yes	60-85 per month. Also employ trained assistants.
Albany, N. Y.	Parsonage Aid Society.....	1894	no	no	no	.....	.....	9-5	no	no	no	no	60 per month.
Albany, N. Y.	Association of Albany Nurses, Inc.....	1904	no	no	no	.....	.....	9-5	no	no	no	no	60 per month and car fare.
Albany, N. Y.	Albany Visiting Nurse Association.....	1904	yes	no	no	.....	.....	9-5	no	no	no	no	60 per month.
Albany, N. Y.	Augusta City Hospital Nurses.....	1904	no	no	no	.....	.....	9-5	no	no	no	no	60 per month.
Albany, N. Y.	Instructional Visiting Nurse Association.....	1906	yes	no	no	.....	.....	9-5	no	no	no	no	60 per month. Also have classes for Caretakers.
"	Out-Patient Obstetrical Service Johns Hopkins Hospital.....	.....	no	no	no	.....	.....	Irregular	no	no	no	no	People of the Union Protestant Infirmary.
"	Out-Patient Obstetrical Service Johns Hopkins Hospital.....	1904	no	no	no	.....	.....	9-5	yes	no	no	no	60 per month paid by the city.
"	Public School Nurses.....	1905	no	no	no	.....	.....	8:30-5	no	no	no	no	60 per month head nurse, 40 for assistants. Also have five night classes.
"	T. Wilson Sanitarium District Nursing.....	1900	no	no	no	.....	.....	.....	no	no	no	no	60 per month and all expenses.
"	Tuberculous Corps of Instructive Visiting Nurse Association.....	1902	yes	no	no	.....	.....	9-5	yes	no	no	no	60 per month.
"	Bellows Falls Women's Club.....	1904	no	no	no	.....	.....	9-5	yes	no	no	no	60 per month.
"	Berlin Instructive District Nursing Fund.....	1901	yes	no	no	.....	.....	9-5	yes	no	no	no	60 per month.
"	District Nurses of Bernardsville.....	1902	no	no	no	.....	.....	9-5	no	no	no	no	60 per month.
"	Deacon House.....	1904	no	no	no	.....	.....	9-5	no	no	no	no	60 per month.
"	Elizabeth Peabody Association.....	.....	no	no	no	.....	.....	Unlimited	no	no	no	no	60 per month.
"	Instructive District Nursing Association.....	1906	no	no	no	.....	.....	9-5	yes	no	no	no	60 per month. Expense mostly paid by the city.







### STATISTICAL TABLE OF VISITING NURSING IN THE UNITED STATES—Continued.

Place.	Name of Association.	Established.	Affiliations.		Training Hours.		Kinds of Cases.				Salary and Items of Interest.	
			Church.	Other Agent.	No. of Nurses.	Graduate.	Prep.	A. M. to P. M.	Surgical.	Medical.		Obstetrical.
Portland, Me.	Portland District Nurse Association	1904	on	on	1	1	9-5	on	on	on	on	60 per month, laundry and car fare.
Portland, Ore.	Portland District Nurse Association	1902	on	on	1	1	9-5	on	on	on	on	60 per month, laundry and car fare.
Proctor, Vt.	Proctor Hospital District Nurse Visiting Nurses of Village Imp'm't Soc.	1901	on	on	1	1	Irregular	on	on	on	on	Small home with two beds for emergency work. 60 for graduates.
Providence, R. I.	Providence Districts Nursing Association	1899	on	on	1	1	Irregular	on	on	on	on	Small home with two beds for emergency work. 60 for graduates.
Pueblo, Colo.	Pueblo Hospital District Nurse	1904	on	on	1	1	Irregular	on	on	on	on	Small home with two beds for emergency work. 60 for graduates.
Richmond, Va.	Richmond District Nurse	1902	on	on	1	1	Irregular	on	on	on	on	Small home with two beds for emergency work. 60 for graduates.
Richmond, Va.	Richmond District Nurse	1902	on	on	1	1	Irregular	on	on	on	on	Small home with two beds for emergency work. 60 for graduates.
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Richmond, Va.	Richmond District Nurse	1902	on	on								



Waltham, Mass.....	Waltham District Nurse Association.....	1900	no	no	2	7-9	yes	yes	no	yes	The people have two hours of in bed afternoon. 60.75 per month.
Wary, Mass.....	Social Science Club District Nurse.....	1900	no	no	1	9-5	no	no	no	no	60 and expenses.
Washington, D. C.....	Instructional Visiting Nurse Society.....	1900	no	no	1	9-5	no	no	no	no	60.75 per month.
Waterbury, Conn.....	Olney Memorial Hospital.....	1900	yes	no	1	9-6	no	no	no	no	60.75 per month.
	Visiting Nurse Association of Waterbury.....	1900	no	no	2	9-6	no	no	no	no	60.75 per month.
Watertown, Mass.....	Watertown District Nursing Association.....	1902	no	no	no	8-5	no	no	no	no	60.75 per month.
Westchester Co., N. Y.....	North Westchester Co. Dist. Nursing Assn.....	1906	no	no	no	8-5	no	no	no	no	60.75 per month.
Whittier, Mass.....	Whittier District Nursing Assn.....	1901	yes	no	2	8-5	no	no	no	no	60.75 per month.
Williamstown, N. C.....	Williamstown District Nursing Assn.....	1901	yes	no	no	8-5	no	no	no	no	60.75 per month.
Winchester, Mass.....	Winchester Visiting Nurse Association.....	1904	no	no	no	8-5	no	no	no	no	60.75 per month.
Winchester, Mass.....	Winchester Visiting Nurse Association.....	1904	no	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
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Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
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Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904	yes	no	no	8-5	no	no	no	no	60.75 per month.
Worcester, Mass.....	Worcester Visiting Nurse Association.....	1904</									

**NURSING SEATTLE'S UNFORTUNATE SICK****By KATHARINE MAJOR**

Graduate Cincinnati Hospital, Cincinnati, O.

FROM an old-time passenger boat, with a probable smuggler's record, to a hospital used for the care of a great city's sick poor is the brief history of the old side-wheeler Idaho, now the Wayside Emergency Hospital of Seattle.

It was certainly an ingenious mind that saw such possibilities in an old, discarded hulk of a boat, and the results of the experiment have been more potential than was hoped for, for to-day the Wayside Emergency Hospital has the reputation of being one of the most unique charities in the world. The old ship, now scuttled and propped up by many posts, lies next to a great wharf in the very heart of one of the busiest water-fronts in the country.

The great and little steamers of Puget Sound and the Pacific Ocean pass to and fro behind and about it, while the many trains of three trans-continental railroads whiz in front of its open door. And to this old ship many desperately sick and injured people are carried daily. There they receive the best that medical attention and careful nursing can afford.

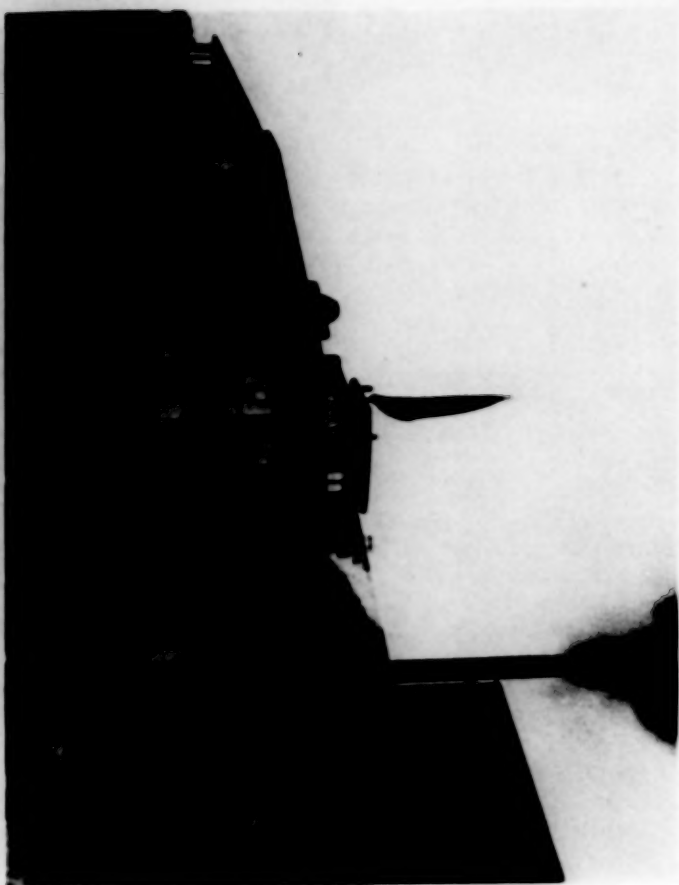
The equipment and arrangement of the Wayside Emergency Hospital are very interesting. Every inch of space of the old ship has been used, for it is scarcely large enough to accommodate all the patients that seek admission. A well-equipped office and dispensary, four wards for the men, and the kitchens and storerooms are located on the main deck, while what was once the old wheel-room is now the operating-room. This little operating-room, rather meagre in its furnishings as compared to those of the great hospitals, is, nevertheless, the scene of the most interesting and unusual operations known to surgery.

The upper deck of the ship has been converted into a ward for the women.

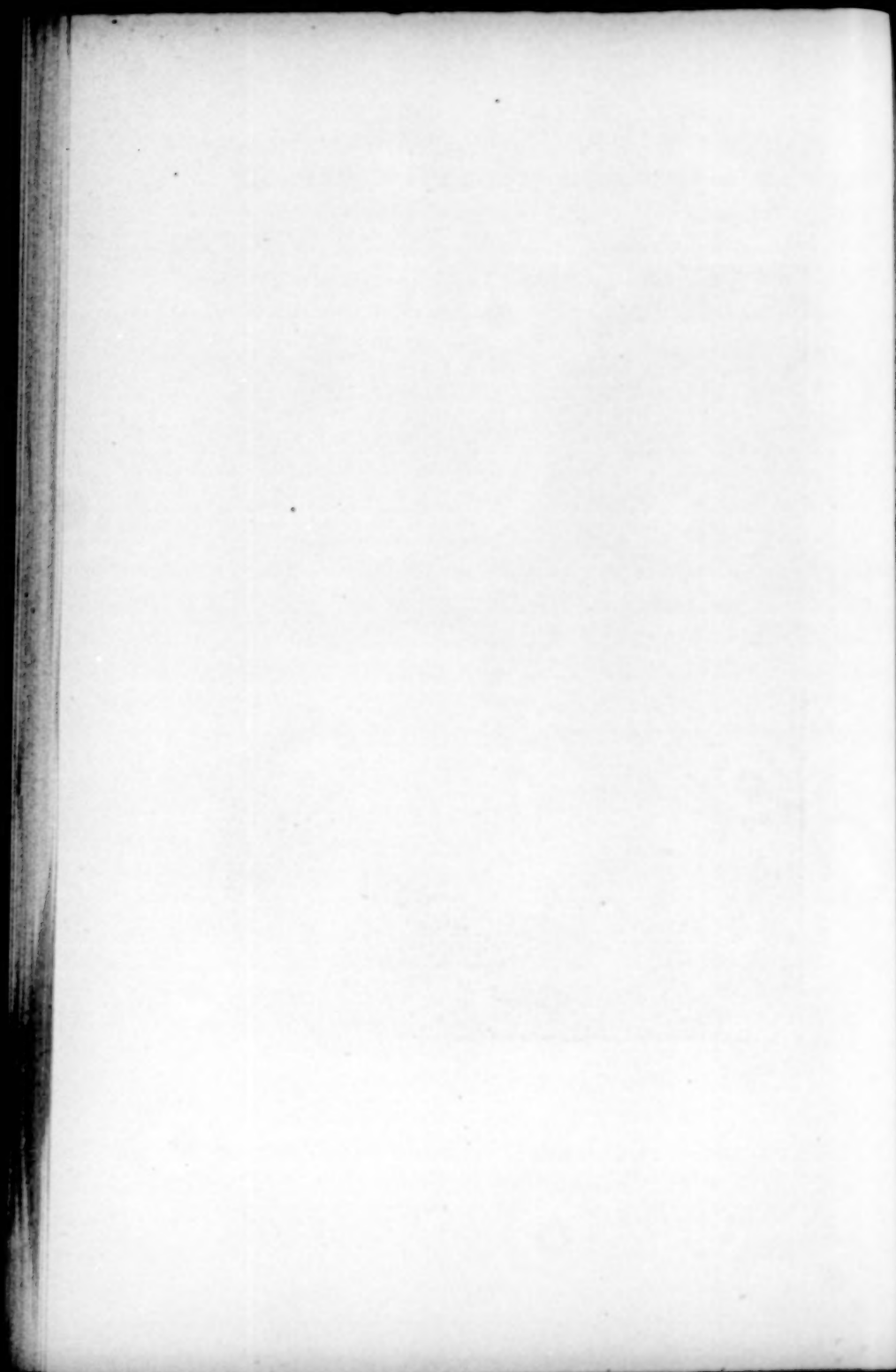
The old social hall is now the nurses' sitting-room and dining-room, and their bedrooms are the staterooms ranged along the side of the cabin. The pilot-house is used for a ward for contagious diseases. Both decks are equipped with bathrooms and toilets, and nothing is lacking for the comfort of the patients.

As the Wayside Emergency Hospital is essentially a charity, it is chiefly supported by contributions from the citizens of the city. The city and the county each give two hundred and fifty dollars per month towards its maintenance, and the balance is made up from private con-





WYCKE HOSPITAL, SEATTLE, WASHINGTON



tributions. Every morning the men go out with carts to the commission merchants whose places of business are along the water-front and gather up the fruits and vegetables and fish which these men donate to the hospital, and it is safe to say that no hospital in the city is able to give its patients better or more wholesome food.

Some idea of the largeness of the work may be had from the following estimates. In the month of June, 1905, one hundred and nine patients were received in the hospital with a record of nine hundred and thirty-four days of care given. In July of the same year one hundred and five patients were received and one thousand and ninety-six days' care were given. In those two months there were also given over three hundred dispensary treatments. There are only forty-one beds on the ship and many more could easily be filled.

No more worthy work can be found than caring for the unfortunate sick. A large per cent. of any city's population would be objects of charity if sick for sixty days and credit for food and clothing were denied. Men live on the verge of starvation, and if it were not for sympathy and confidence there would be many more wanderers upon the face of the earth. The poor and unfortunate we will always have with us. The price of civilization is great and many fail who try for its best things. At the lower round is the man who *can* not and the man who *will* not. These must have the care of the strong.

Into the Wayside Emergency Hospital come many who are temporarily without the necessities of life and have no means for medical treatment. The great majority of the men are from "back East." As they come into the hospital they find clean beds, well-cooked food, and good medical treatment, and they go out again with a new hope and courage to take up once more life's battle. It is my opinion that nothing but the best should be given to the unfortunate in the world. The poverty of some and the reckless, shameless life of others afford a city no excuse for carelessness and indifference in caring for them when helpless from illness. To give other than the best a city affords is a reflection upon the character and government of the city. It is a principle of the "Wayside" that no sick and afflicted shall be turned away who come seeking help. No questions are asked as to pedigree or cause of poverty and disease. If the ox is in the mire, we pull him out. If the stranger who is sick and weary and hopeless comes our way, we take him in and give him the best we can afford. Many because of this treatment have gone out with a new love for their kind and a desire to make the most of life before them. The strong and rich will take care of themselves. The weak and poor and sinning need the touch of sympathy and help in their emergencies.

It has been my privilege to have known much of hospital work in other cities, and I will say that no hospital in the land is doing more for the poor than the Wayside Emergency Hospital of Seattle.

The care of the poor and the temporarily unfortunate should be given by those who are in nowise connected with the political interests of a city. A wise business policy should be used to carry on the work, but it should always have in it the principles of the Friend of the Homeless and the Sick.

Mrs. Marion Baxter, who is the president and sole executive of the Wayside Emergency Hospital, is well known throughout the United States and Canada as a philanthropic worker, writer, and lecturer. Under her guiding hand the hospital has acquired a solid financial standing, and a great work has been fairly and substantially started. It is believed that through this work similar institutions will be organized for the care of the unfortunate in other cities.

We have eight carefully trained nurses whose training on the old ship has fitted them to compete with nurses of any other institution.

There is a staff also of six physicians, of whom Dr. U. C. Bates is the head, and also a consulting staff of six of the best-known physicians in the city. These doctors receive absolutely no compensation for their labors on the ship.

Should any of the readers of this article find themselves in Seattle, the Queen City of the Northwest, it would be well worth their while to pay the Wayside Emergency Hospital a visit, for it is unique not only in its looks and location, but in the work that it accomplishes and the fact that there is no other institution like it in the world.

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**TREATMENT OF HEMOPTYSIS.**—*American Medicine* says: "Francis Hare (London, England) was led to try inhalation of amyl nitrite in hemoptysis on physiologic grounds. He argued that the known dilative influence of the drug upon the peripheral systemic arterioles would cause fall of blood-pressure in the aorta, left ventricle, left auricle, and ultimately in the pulmonary arterioles. He gives the results obtained in the first nine cases (eight tuberculous, one mitral). Sixteen attacks of hemoptysis were treated by amyl nitrite; in all save one the bleeding ceased in less than three minutes, for the most part instantaneously; in the one exception there was an immediate retardation, but cessation did not occur for ten minutes. The drug does not interfere with cough, hence retention of blood and subsequent septic pneumonia are obviated. The treatment is safe and easily applied by the patient himself."

## **SCHOLARSHIPS, LOAN FUNDS, TUITION FEES \***

By ANNA L. ALLINE

*Superintendent, Course in Hospital Economics, Teachers College, New York*

THIS short report gives but a glimpse of a rapidly moving picture, but this one look makes a deep impression, more significant of progress along educational lines than any other single subject before us. The statistics are as follows:

### **SCHOOLS OF THE FIRST CLASS, TWENTY-FIVE TO FIFTY BEDS.**

Papers returned, forty-seven; papers returned blank, sixteen; monthly allowances are given in twenty-eight; uniforms provided in four; text-books provided in two; charge for breakage in seven.

Maintenance reports give a range of one hundred and forty-four dollars to three hundred and twelve dollars. A prize is offered in one school at the end of the course, awarded to the student having the best recitations—amount is twenty-five dollars. One loan fund is mentioned, the amount not stated, the loan to be paid in one year with six per cent. interest. A personal note is required with security.

Tuition fee of eight dollars and fifty cents a month is charged in the Tuskegee school. This, as stated in the report, is worked out and is, of course, in line with their other departments of industrial training.

### **SCHOOLS OF THE SECOND CLASS, FIFTY TO ONE HUNDRED BEDS.**

Papers returned, eighty-two; papers returned blank, nineteen; monthly allowances are given in fifty-five; uniforms supplied in eleven (four of these do not have allowances); text-books supplied in five; charge for breakage in eighteen.

Maintenance stated in eleven reports ranges from one hundred and fifty dollars up to three hundred and sixty-five dollars. Tuition fee charged for massage in one case. No prizes and no loan funds reported. One reports no allowances, but uniforms are supplied, and a certain per cent. of funds received from outside cases.

### **THIRD CLASS, OVER ONE HUNDRED BEDS.**

Papers returned, one hundred and fourteen; papers returned blank, fourteen; monthly allowances in seventy; uniforms supplied in fourteen

\* Read at the meeting of Superintendents of Training-Schools held in Washington, D. C., May, 1905.

(six also have an allowance); uniform and text-books without allowance in eight; charge for breakage in eighteen.

Maintenance stated in nineteen reports ranges from one hundred dollars to seven hundred and fifty dollars.

Fellowships are offered in two schools, scholarships in three, loan funds in three, prizes in two.

A number of schools have given such valuable points I wish to quote them quite fully later on. It is quite the custom to have some arrangement by which broken articles can be replaced or paid for. It seems a most business-like way to have a certain fee deposited and statement made of breakage, should there be a surplus the balance to be returned to the student. The sums for allowances vary from two dollars to fifteen dollars, but the general average is about eight dollars. They are graduated for the three years, the lowest made in the first year. They are still called salaries by some and are even so stated in their circulars of information sent out to applicants.

The question of yearly maintenance of the pupil proved to be quite a problem from the varied responses made to it. They range from one hundred dollars to seven hundred and fifty dollars. From four hundred to five hundred dollars would be a fair average of yearly expense, including allowances. It is a question well worth raising in this transition period of standards, for cause and effect must be carefully studied in all these questions of salaried instructors, eight-hour schedule, non-payment system, preparatory schools, tuition fees, and scholarships. The yearly maintenance is certainly a part of it if we make for good business principles.

No allowances, uniforms, or text-books reported in four schools. They are Kings County, Brooklyn; Illinois Training-School, Chicago, Ill.; John Sealy Hospital, Galveston, Tex.; University of Pennsylvania, Philadelphia, Pa.; Presbyterian, New York, non-payment in 1904, with uniforms and text-books to the preliminary class.

Fee of fifteen dollars deposited for breakage.

Maintenance, four hundred and eighty dollars.

I do not know whether this includes allowances or not, but believe this was calculated before the non-payment plan was established. Loans are made by the superintendent of the school in case of sickness. No note is required.

Lakeside Training-School, Cleveland, O., makes no allowances, charges a tuition fee for preliminary course, and has offered six fifty-dollar prizes annually, since 1896, awarded to best scholarship. It provides loan funds of fifty dollars each, to be paid one year after graduation with four per cent. interest. A personal note is required but no security.



**Presbyterian Training-School, Chicago, Ill.,** requires a tuition fee (twenty-five dollars) for the preliminary course. It makes no allowances and supplies no uniforms nor text-books.

**Buffalo General Training-School** charges a tuition fee for the three-months' preliminary course. Gives an allowance of one hundred dollars the third year and charges a five-dollar fee for breakage.

**Children's Hospital, Boston, Mass.,** charges a tuition fee for the preliminary course to be paid on entrance. No allowance is made and no uniforms or text-books supplied.

**Massachusetts General** asks a tuition fee of fifty dollars in advance for the preliminary course. No allowances are given, no uniforms, and no text-books supplied. A fee of ten dollars is charged for breakage. They also offer scholarships for those who need financial aid. I understand that as yet no application has been made for this assistance.

**At the Polyclinic Training-School, Philadelphia, Pa.,** two prizes of fifty dollars each are awarded to the second- and third-year classes respectively for highest rank in scholarship and practical work. Monthly allowances are made, but uniforms and text-books are not supplied.

**In the New York Training-School, New York City,** no allowances are made, but uniforms, text-books, and stationery are supplied. No tuition required and no fee charged for breakage. The announcement offers the following: Five competitive scholarships of the value of seventy-five dollars each may be awarded in the junior year, five of one hundred dollars each in the intermediate year, and three of one hundred dollars each in the senior year. The scholarships are established primarily for those pupils who are unable from their own resources to meet their personal expenses during the course and whose general record of scholarship and practical work is creditable. Application for these scholarships should be made to the superintendent of the Training-School. Two scholarships of five hundred dollars each have been established for approved candidates for the Superintendents' Course in Hospital Economics at Teachers College, Columbia University. As this course is intended to prepare graduates for institutional positions, these scholarships will be awarded to those pupils who have expressed their intention of entering this field and have attained a high degree of excellence in their work.

**At the Johns Hopkins Training-School, Baltimore, Md.,** the superintendent of the Training-School has a fund at her disposal for loans in case of necessity. Fifty dollars tuition fee is charged in advance for the preparatory course. Uniforms and text-books are supplied and a fee of ten dollars is charged for breakage. Their announcement offers: Eight scholarships, of the value of one hundred dollars each, have been estab-

lished. These scholarships will be awarded in the month of June each year by the authorities of the hospital, at their discretion, to such members of the junior and intermediate classes as have shown exceptional merit and are in need of pecuniary assistance to enable them to continue their studies. A single scholarship of the value of four hundred and eighty dollars has been established, to be awarded at the graduating exercises, at the close of the third year, to the student whose work has been of the highest excellence and who desires to pursue post-graduate study and special work in the school.

Our first consideration is the comparison of the situation as a whole to-day with that of a few years ago. The tendency is on the sliding scale up grade. The allowances have grown smaller all along the line till they have in many instances disappeared altogether, while the uniforms and text-books have been supplied in some, but not all. It is with satisfaction I note the few instances of loan funds. Twenty-five dollars a week looks so much larger to a pupil nurse than it does to a graduate. The accumulation of wealth after graduation is one of the pupil nurse's day-dreams, but in stern reality the first year of private duty in the majority of cases has not been an opportunity to start a bank account. A pupil nurse, handicapped with a debt, I believe cannot do as well as one free from such responsibility, and the first year out of school certainly will have its share of troubles. One loan fund mentioned asks for six per cent. interest—note and security. I think that rate of interest would not appeal very strongly to anyone as being an inducement. Loan funds for such purposes are usually of remarkably low rate of interest. In the Eastern States I believe two per cent. is customary, and a note is all that is required. The Lakeside comes nearer to the customary practice. One report states that the superintendent makes a loan in case of sickness. That makes it a personal matter, which sometimes is the only solution of a problem. The fourth is a fund in the hands of the superintendent to be used when necessary; this is another humane way of getting over a difficulty without making it too general. Loan funds may sometimes be necessary, but must be used with the greatest discretion. It is quite the regular thing to ask a tuition fee for the preliminary course, and this surely will soon be the universal rule as the development of the course extends it from the short period it now has, in too many, to the course of from three to six months. Another promising feature of the upward tendency is the provision for scholarships. The old question of shutting out good material for financial reasons is overcome. It is a common practice in old-established institutions of learning and a most commendable one. The ground principle of it is to assist students of promise who would otherwise be obliged to give up their work.

The awarding of scholarships should be at the discretion of the superintendent of the training-school, in conjunction with a committee appointed by the board, to applicants who give evidence of special fitness. A blank form is furnished the applicant containing the following questions:

1. Name in full.
2. Place and date of birth.
3. Residence—present address if other than above.
4. Date of making this application.
5. High school attended with period of attendance.
6. Normal school or preparatory school attended with period of attendance.
7. College attended with period of attendance.
8. State the amount of work done and time occupied by you in the following subjects: Mathematics, history, geography, anatomy, physiology, biology, bacteriology, physical geography, physics, chemistry (inorganic, organic), English composition, English literature. This list may be changed to meet the requirements as the standards of the schools are raised.
9. State whether you are able to read and write German or French.
10. State your purpose in applying for a scholarship.
11. Give an itemized list of the letters of recommendation you submit in support of your application.
12. Do you pledge yourself to repay to the (name of school) any sum already paid to you on account of your scholarship, should you for any purpose withdraw from the school before the end of your course?

They need not necessarily be awarded to the highest rank of scholarship should that student not be in need of financial aid, but to the highest-grade student who does need the assistance, providing a certain standard of theoretical and practical work satisfactory to the committee is obtained. I believe this has been settled in quite a practical way at the Johns Hopkins. Where scholarships awarded the highest grade of efficiency were not needed the money was refunded and again awarded. I think, however, the practice is for only such applicants to compete as are in need. Another means for reward for greatest efficiency is that of prizes. The Lakeside, Cleveland, and the Polyclinic, Philadelphia, have followed this plan for some time. It certainly is an incentive oftentimes, and that not so much for the value of the prize as the pride in being the successful competitor. The closer the competition, the greater the honor. But the feature which is the crown, the final point, of this movement are the fellowships founded in the Johns Hopkins and the New York Hospitals, to be awarded to those applicants who have

attained the highest degree of excellence and show a decided fitness for undertaking advanced work.

When the other institutions fall in line with the leaders, the proper educational basis will be established, and the history being made to-day will be a chapter in the record of the good fight for our profession.



**THE PREVENTION OF PUERPERAL SEPTICÆMIA.**—*The New York and Philadelphia Medical Journal*, in an abstract of an article in *The Practitioner*, says: "Berry Hart considers that in this disease the lymphatics are invaded by microbes conveyed on the fingers of the attendant or from the patients' uncleansed external genitals. Infection may also arise from preëxisting disease in the uterus or its appendages. Preventive measures consist: 1. In avoidance of infection by clean hands with or without gloves. 2. In cleansing the external genitals. 3. In avoiding laceration by skilful conduct during the labor. 4. In avoiding uterine manipulation to separate the placenta, which does not exclude manipulation during hemorrhage. 5. In general hygienic care during pregnancy. A vaginal douche may be given at the end of labor, but subsequently cleansing should be accomplished with cotton moistened in bichloride solution. Puerperal infection is preventable, and should be prevented by conscientious individual effort."

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**INTRAVENOUS ADMINISTRATION OF OXYGEN.**—*The Journal of the American Medical Association*, in an abstract of a paper in the *Wiener klinische Wochenschrift*, says: "Neudörfer reports from Gersuny's clinic the revival of an apparently moribund patient by intravenous administration of oxygen. Compression of the air-passages by a cystic goitre complicated with bronchitis and lobular pneumonia caused suffocation, even after tracheotomy. As the attacks of cyanosis and dyspnea recurred oxygen was injected into a vein, according to Gaertner's technic. Each time the patient rallied, recovered consciousness, and felt much relieved. There were no further indications of suffocation after the second infusion, but the patient succumbed in a few days to increasing heart weakness and pulmonary edema. The complete change in the aspect of the apparently moribund subject in a few minutes after the intravenous infusion was most striking. Neudörfer remarks in conclusion that the absolute harmlessness of the method was again demonstrated by this experience."

## BOOK REVIEWS

IN CHARGE OF  
M. E. CAMERON



**EYE, EAR, NOSE, AND THROAT NURSING.** By A. Edward Davis, A.M., M.D., professor of diseases of the eye in the New York Post-Graduate Medical School and Hospital, and Beaman Douglass, M.D., professor of diseases of the nose and throat in the New York Post-Graduate Medical School and Hospital. With thirty-two illustrations. Pages xvi.-318. Size, five and one-half by seven and seven-eighths inches. Extra cloth. Price, \$1.25 net. Philadelphia: F. A. Davis Company, 1914-16 Cherry Street.

Here is a book which should strengthen the conviction of every doubting nurse as to whether we are indeed making progress as a whole. There is great satisfaction to be derived, incidentally, from the bare fact that two good men and true have constituted themselves collaborators in the production of a book of so imposing dimensions on the special instruction in this especial field of nursing—eye, ear, nose, and throat. This branch of nursing, hitherto much overlooked in our literature, challenges the interest of nurses unfailingly, requiring, as it does, so much of sympathy and tact, such delicate handling, such fine touch, and such untiring patience. It is, however, a very practical view of the subject that the writers give us—exceedingly plain and simple direction “for the intelligent care and nursing of the various diseases of the eye, ear, nose, and throat, and to instruct the nurse as to her exact duties during and following operations upon these organs.” It is a matter for congratulation to find the literature of the nursing profession increasing in kind and quantity, and there is no room for doubting in this case the book is a distinct acquisition. We have from time to time deplored the sins of omission of the so-called “hand-books of nursing of ancient renown. We recommend this book as a contrast to those. We have groaned, none too gently, at the multiplication of books on nursing worthless to nurses, and at the reproduction of worn-out old books, which had long outlived their day and generation; but, after all, why need we vex ourselves? new and good books are increasing, and it is as one of these last that we welcome the work of Messrs. Davis and Douglass.



**HELPS AND HINTS IN NURSING.** By T. Quintin Griffith, M.D., Ph.D.  
Philadelphia: John C. Winston Co.

This book, which is addressed to the public and not to nurses, is designed to take the place of the old-time book of medicine found in every house, usually under the title "Family Practice." It is a sort of old style adapted to meet new fashions, and bears about the same relation to the old book that the present revival does to the 1830 styles in dresses. In these days of many doctors one wonders whether there is any demand for a book of this kind.

**IN WATCHINGS OFTEN. ADDRESSES TO NURSES AND OTHERS.** By the Rev. E. E. Holmes, honorary canon of Christ Church, vicar of Sonning, Berks. With a preface by the Right Rev. Bishop of Lincoln. London: Longmans, Green & Co.

We do well to remember that we must be constantly growing, constantly developing, and unless we grow proportionately, develop on all sides, we must become deformed, twisted, or wanting in some essential part. As a help to the spiritual side of our lives this little volume is intended. The book is a reprint of addresses given at the annual retreats for the members of the Guild of St. Barnabas. Written for our English sisters, it is none the less applicable to our own needs, and we earnestly recommend it to the nurses in America, many of whom will find in it a treasury of counsel and of consolation.

**A NURSES' GUIDE FOR THE OPERATING-ROOM.** By Nicholas Senn, M.D., Ph.D., LL.D., M.C. Second edition. Chicago: W. T. Keener & Co.

Old friends will gladly welcome the second edition of Dr. Senn's already well-known and deservedly popular "Guide for the Operating-Room." The new book comes to us enlarged and much improved and with many new illustrations.



**ENEMATA OF OXYGEN GAS.**—The *Journal of the American Medical Association*, quoting from the *Chicago Medical Recorder*, says: "Burwash has made use of enemata of oxygen gas in the treatment of acute respiratory disease, particularly pneumonia. He says that the introduction of a large quantity of oxygen gas into the intestinal canal not only neutralizes and deodorizes the noxious gases that frequently are found there, but also introduces oxygen through the portal system to the liver, and the already overcharged lungs are assisted in their function of aeration of the blood by this reinforcement."



## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



**DIGESTIVE AND OTHER ACTIONS OF FRUITS.**—The *Journal of the American Medical Association* in a synopsis of a paper in the *Lancet* says: "In this article Sharp shows that many common fruits contain ferments which play the part of papain and bromelin (ferment of pineapple), and that they can digest both egg and serum albumin to some limited extent. The fruits experimented with were strawberries, cherries, oranges, pears, and apples. To obtain most benefit from the succulent fruits they should be eaten at the end of the chief meal. Stewed fruit, as a stimulant to the lethargic gut in constipation, should be eaten half an hour before breakfast. Oranges, if peeled and cut into thin slices and with castor sugar strewn over them, are highly efficacious as an aid to digestion. Grapes should only be eaten at the end of the chief meal of the day."

**SALT SOLUTION AS A CATHARTIC.**—Dr. J. J. Leiser in *American Medicine* recommends a teaspoonful of salt in a pint of water just hot enough to drink rapidly as a satisfactory evacuant for chronic constipation. It should be taken on an empty stomach half an hour before eating. The person should walk about after taking it. It empties the bowels without cramp or pain in several loose, watery movements.

**DIARRHŒA IN INFANTS.**—Dr. E. Mather Sill in the *New York Medical Journal* in an excellent paper bases his observations on five thousand cases in private and dispensary practice. The salient points are: 1. Absolute rest for the inflamed mucous membrane of the stomach and intestines, attained by stopping all food and giving nothing but water. 2. By eliminating the cause, namely, a foreign substance which is causing irritation, as fermenting or indigestible food, this being done by the use of castor-oil or calomel. 3. Success lies in the mode of gradually increasing the strength and quality of milk, beginning in all cases, irrespective of the age up to a year, with a very weak cream mixture.

**A NEW ANÆSTHETIC.**—The *Medical Record* in an editorial says that Terrier, of Paris, following Schneiderlin, describes what is claimed to

be a new anæsthetic, said when used hypodermically to produce complete insensibility lasting from nine to ten hours. The patient awakens as from a natural sleep, not knowing he has been operated upon. It is said he can be aroused by shaking or loud calling, but pinching and pricking have no effect. There is no nausea, vomiting, or distressing headache. This anæsthetic is scopolamine, an alkaloid obtained from *scopola japonica*, one of the family from which atropine is obtained. It has been used for some years as a powerful mydriatic and sedative. As an anæsthetic it is combined with morphia and given in three separate hypodermic injections. One milligramme of scopolamine and one centigramme of morphia in a cubic centimetre is given four hours before the operation, another two hours before, and a third one hour before. There is at times profuse perspiration.

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**GANGRENE FROM CARBOLIC ACID.**—The *New York Medical Journal*, quoting from *Presse Medicale*, says: "Cotte reports the case of a young woman, eighteen years old, who applied pure carbolic acid to a slight wound of the finger. Four days later the skin of the finger was black and a physician made the diagnosis of gangrene from carbolic acid. The finger was amputated thirteen days after the application."

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**GOAT'S MILK FOR BABIES.**—The *Journal of the American Medical Association* in an abstract of an article in the *Intercolonial Medical Journal of Australasia* says: "Wood refers to the difficulty in all large cities of obtaining fresh milk for infants and advises the use of goat's milk for bottle-fed infants. He states that a number of infants under his care have been fed through the whole summer on pure goat's milk and have never had diarrhœa. He says that the mother of one of the children reported that the child digested the milk without the least sign of flatulency when it was given warm from the goat, while the digestion was not so easy if the milk had stood for some hours. He says that most children can digest goat's milk undiluted, and that while taking it they gain in weight and development. He calls attention to the custom in Switzerland and in some parts in Italy of shaving the udders and allowing the babies to nurse directly from the goat."

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**SUBSTITUTE FEEDING IN INFANTS.**—The *Journal of the American Medical Association*, quoting from the *British Medical Journal*, says: "Sanderson-Wells concludes that all proprietary foods are bad because, (1) they are all deficient in fat, one of the most essential elements of an infant's food; (2) they are not antiscorbutic; (3) they contain as a class

too much sugar; (4) they mostly contain foreign elements: starch, maltose, cane sugar, etc. Wet-nursing, he declares, is seldom or never justifiable on the following grounds: 1. It is inaccurate. The milk of one mother does not necessarily suit the child of another, and although analysis is possible, it is almost impracticable, and we have little chance of modifying the supply to suit our requirements. 2. It is inconvenient, upsets the house. Domestic difficulties are great and misconduct frequent. 3. No examination, however careful and thorough, will exclude the presence of syphilis in a woman. In preparing cow's milk for the use of the infant, careful attention must be given to having the various constituents in as nearly the same proportion as they are found in mother's milk. Lactose is the proper sugar to use. The milk must be absolutely sterile, and this is best attained by pasteurization at 70° C. for thirty minutes."

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**SCHLEY'S TREATMENT OF ULCERATING SURFACES.**—The *New York Medical Journal*, quoting from an Italian journal, says: "The method consists in sprinkling an abundant quantity of finely pulverized boric acid upon the granulating surface, covering with a layer of rubber tissue extending from two to five inches beyond the border of the ulcer, and fixing with strips of plaster. Over this is applied a layer of cotton, covering the waterproof layer, and the whole is covered with a fixation bandage. The dressing is renewed every five days, or even once a week."

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**A CLINICAL CHART FOR THE RECORD OF PATIENTS IN A SMALL HOSPITAL.**—The *Medical Record* in a report of the meeting of the American Medical Association says: "Dr. George F. Wilson, of Portland, Ore., claimed that much scientific work is done in a great many hospitals throughout our country which is lost on account of a lack of clerical help and the exacting duties of the resident staff in other directions. He presented a chart for criticism and suggestions which, preserved in its original form, included all necessary data, avoided the copying of histories, and when filed away or bound with a proper index, both of the patient and the disease, preserved all in a manner readily accessible and did away with much clerical work in the way of repetitions."

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**EGGS IN DIET OF THE SICK.**—The *Journal of the American Medical Association* in an abstract of a paper in *Presse Medicale* says: "Martinet declares that the cook is as important an auxiliary as the pharmacist for the physician, and that an annotated cookbook should be found in every physician's library. He gives a number of recipes for various egg dishes,

with their calories, mentioning a number of points that should be observed, but of which the average cook is ignorant. For instance, if omelets, custards, and such dishes are cooked until the albumin is entirely coagulated, their digestibility is not that of a soft-boiled but of a hard-boiled egg. The addition of butter, etc., also reduces their digestibility. He says that the Italian *sabaglione*, well made, represents about eight hundred calories and can be taken by the most delicate stomachs. He gives the directions for it and also for 'egg beer,' which represents two hundred and forty calories. The yolk of egg in bouillon he regards as the best dish for the convalescent. The yolk of egg in two hundred grammes of milk represents one hundred and eighty-five calories, with about eleven grammes of albumin, 12.5 grammes of fat, and nine grammes of carbohydrates. The proportion of fat is too high in comparison with the carbohydrates. This can be partially corrected by adding fifteen grammes of sugar and a pinch of salt."

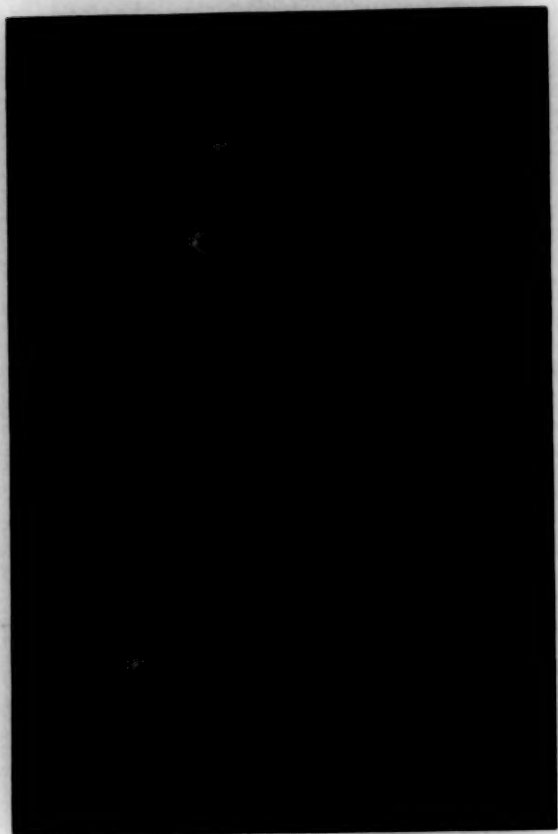
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**RECTAL ALIMENTATION.**—Dr. William Henry Porter, of New York, in an interesting paper on this subject in *American Medicine* thus sums up his conclusions: "Rectal alimentation, from the limited amount of food that can be utilized in this manner, is at best a very poor substitute for the natural method of feeding. It does in a measure relieve the pangs of thirst and hunger that of necessity follow the slow process of starvation which occurs when the stomach and small intestines are thrown out of commission. So far as my personal experience has gone, rectal alimentation has proved most unsatisfactory. I have tried all forms of substances, predigested and otherwise, for rectal alimentation, with but one result, namely, progressive starvation without the more intensely distressing symptoms."

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**THE TREATMENT OF ATROPHIC RHINITIS.**—*American Medicine*, in a synopsis of a paper in *Therapeutische Monatshefte*, says: "After trying many treatments for a crusted and dried nose, Volland settled upon the following procedure as the best: He treats the interior of the nose by means of ointment. A straightened hairpin is wound with cotton to the bend, and this saturated with fresh zinc vaselin; the nasal interior is then massaged with this in all directions. This treatment is repeated every two or three days, and almost at once the patient's sleep improves, tendency to bleeding diminishes, and he is able to breathe through his nose. A complete cure is possible. He has also employed it with considerable success in the rhinitis of tuberculous patients, in *caena*, and in cases that required gradual dilatation of the lower nasal passages."





SISTER AGNES KARLL



## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



### THE PROGRESS OF GERMAN NURSES

THE photograph of Sister Agnes Karll, president of the German Nurses' Organization, which appears with this article, shows a woman of rare capacity and character, whose practical ability, intellectual force, and broad, liberal, clear-sighted judgment would make her a power in any circle, so that it may well be a matter of deep satisfaction to nurses, and especially the nurses of Germany, to know that she belongs to them and that her whole soul is thrown unreservedly into the active struggle of upbuilding and self-development which is taking place in the nursing profession in many countries and with special earnestness in Germany.

For the study of the development of nursing and of the forms under which nurses are organized and trained Germany is the most instructive and interesting country in the world, because there one can see a whole series of evolutions by which, step by step, the changes have been made between the nursing orders of nuns and the modern trained nurse. There are the deaconess institutions, and the Red Cross training-schools, and the Victoria House and Eppendorf, and the Diakonie-Verein, and now the new public hospitals, and, finally, the organization of which Sister Karll is the head, each of which marks a fresh stage, not only as to the personal liberty of the nurse, but also in her general training and preparation for self-support. As I am sure many American nurses do not know the general plan of German nursing life, I think it can perhaps be made clearer by an illustration.

Let us suppose we had the general system of Germany at home, and we will take the Presbyterian Hospital and Miss Maxwell for our illustration. It would be like this: At the time when the hospital was built the directors and medical staff and Miss Maxwell would have agreed to have a nursing association, of which they would be the officers. Then, as probationers came, Miss Maxwell would say to them, "At the end of your training you can, if you wish, leave us and work for yourselves. But it will be much more advantageous for you to join our association and be one of our sisters (nurses), because then you will always have your home here, or at least your headquarters, and we will give you your

living and a salary and send you either to private duty or district nursing or hospital work. If you work independently, you can never get good hospital positions or army nursing work, because such calls never go to private independent nurses, they always come to associations. Then after you have worked for us for a certain number of years if you lose your health we will take care of you, or if you keep well we will help you to an old-age pension or give you a home in our own quarters. But if you leave us before this certain number of years, then you lose all claim on us and cease to be one of our nurses."

If the probationers accept this offer, that is, of course roughly outlined, what is meant in Germany by belonging to a nursing association. It is very different from belonging to an association in America, which means an *alumnæ* or a county or a State society. The only thing in Germany which is like our own societies is the German Nurses' Organization, which is similar to one of our State societies having individual membership, as nurses from the entire State (Empire) are eligible to join it. As to what we call *alumnæ* associations and the English nurses call leagues, there is no such thing existing in Germany.

The various changes by which the different nursing associations have been marked are most interesting. Each new one was a little less narrow and rigid than the last. We know how strict the life of the religious sister is. The deaconess was a great step towards modern freedom. She could marry at any time, and if she had money of her own, she kept it in her own control, and though she was consecrated by a church ceremony she took no vows, but only made renewable promises.

The Catholic clergy thought the deaconess movement quite revolutionary and disapproved highly of it, just as the Lutheran pastors in their turn disapprove of all modern secular training.

There was a great deal that was very sweet in the early deaconess movement. It was founded on the family idea—the Oberin (matron or head of nurses) was the mother, the pastor was the father, and the deaconesses were the children. The great word used to impress and influence the deaconess was *humility*, and a pet phrase of the old pastors was "self-sacrificing love." If I have read these words once in the annals and reports I am sure I have read them five thousand times. The hardships, overwork, long hours and loss of sleep, and complete deprivation of all intellectual and social pleasures were extreme in the deaconess orders, and these words were continually used to keep them from thinking. No reading was permitted save that of religious books, and, in a word, freedom of thought was not permitted. This I have been told by many nurses. It is also quite evident from the books, reports, and articles by pastors which I have read.

The deaconess houses are very conscientious in the care of their old sisters, but their treatment of young sisters seems to me often shocking. For instance, a German nurse told me that she had been taken into a deaconess house at fifteen years of age, and at sixteen she was on night duty and was sent out to emergency cases. Of twelve other young girls of her own age who entered at about the same time she is the only one who (she is now twenty-six) retains her health enough to work. Probationers so young as this are not uncommon in deaconess institutions. When the time comes for consecrating them (at twenty-two) they are very often deemed unsuited, or feel themselves unwilling to bind themselves, and they are then turned quite adrift, and as many of them have been taken from simple country homes, even peasant homes, they have often drifted into big cities quite without any knowledge of how to provide for themselves or protect themselves. Another thing that is hard is that older women, after giving their labor through the four or five years required before finally joining, are then sometimes turned off on grounds of unsuitability, but really because the institution finds it probable that they will soon be invalided and become a charge. This from their standpoint is reasonable enough, but hard on the woman, for up to a few years ago it was almost impossible for a nurse to take up independent work as we do in America on account of social prejudices and customs.

Next, as a result of wars, the Red Cross movement spread over Germany, and, taken as a whole, marked a notable advance in the progress of women, for fully nine-tenths of all its work was done by women, and they assumed responsible public duties in the establishment of hospitals and training-schools. Many such institutions were founded, the money raised, and the administration carried on by women's societies, and with the Oberin or matron as chief executive officer. The extreme religious limitations disappeared, and a more liberal atmosphere prevailed, allowing greater development for personal characteristics. The weak points of this fresh advance were that the necessity of earning money by the services of the pupils prevented improvement in the course of study and training, and also that money reasons made it quite impossible for these societies to undertake the care in old age of as many nurses as their responsibility to the public and to the government (for war time) made it necessary for them to have.

While this made it hard for individual nurses, it really hastened the day when public opinion was ready to agree that the nurse had a right to a life of her own and to the money that she earned.

Nurses left the Red Cross service in large numbers to work independently at private duty, and newer nursing associations, such as the

Eppendorf-Hamburg and Victoria House, made much more liberal provision for their members than anything previously.

A still newer association, the *Diakonie-Verein*, although requiring its members to be of the Protestant religion, declares principles of great liberality in all directions, and specially emphasizes the necessity of economic and personal freedom. In some of its details it seems almost like a coöperation.

L. L. DOCK.

(To be continued.)

### CONTINUOUS IRRIGATION OF THE TISSUES

AT St. Bartholomew's Hospital I learned of a very interesting and, to me, new treatment—namely, irrigation of the tissues by continuous infusion of normal salt solution. It is used in various conditions. One case which Miss Stewart described to me was that of a nurse who, as the result of an acute inflammation, showed grave symptoms of septi-cæmia of so overpowering a nature that her family were telegraphed for. She received the continuous salt-solution infusion for something over twelve hours with wonderful results of rapid improvement. The head sister of a surgical ward told me she had also had patients who had had it for twelve hours continuously. The details of the nursing care are as follows: The solution is poured into an open-mouthed sterile flask, because two needles are used, and the tubes to which they are attached are fastened to glass pipettes held by a cross-piece to the flask. The flask of solution stands in a water-bath placed over a spirit-lamp on the bedside table at such a height that the water-bath remains at a temperature of 120°. A thermometer in the flask records the degree of heat. This degree is maintained because the tubing is very long and slender and the physicians calculated that the solution would be just the right temperature on entering the tissues. The needles are inserted in the thighs, one on each side. The nurse must keep the flask filled with solution, must watch the needles that nothing happens to them, and must do the necessary things for the patient without disturbing them. Should the flow be too rapid, it is checked by pinching the tubes with fine clamps. In twelve hours' time about eleven pints of fluid are infused. The patient, of course, passes a large quantity of urine, and the tissues are completely washed out. The management of the patient without disturbing the needles is a delicate and skilful little bit of nursing care and handling.



## LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: May I very respectfully suggest to you that your AMERICAN JOURNAL OF NURSING contribute more information on the subject of disease (old and new) and its treatment (past and present) instead of giving the movements of nurses and their opinions on unimportant subjects.

The personal element that enters so strongly into the magazine is a marked example of the trouble under discussion at present of why the doctors prefer the services of the trained attendant to those of the trained nurse. The egotism of the trained nurse has become a byword. People bristle at her name and shudder at her approach. I will quote one or two passages from a review in the June number of the *British Medical Journal* of Dr. Osler's book of addresses to medical students and nurses: "Professor Osler gives proof of his courage by venturing to give advice to the trained nurse. Setting out with the question: 'Is she an added blessing or an added horror in our beginning civilization?' he replies that she 'is a blessing, with, of course, certain limitations.' One of these is what Sir Thomas Browne calls 'the virtue of taciturnity.' In another direction the limitations of the nurse are more serious: 'With the fullest kind of training,' Dr. Osler says to nurses, 'you cannot escape from the perils of half-knowledge, of pseudo-science—that most fatal and common of all mental states.'"

Is it not a pity that we lay ourselves open to criticism of this sort? Many of us think so. And all this hysteria over State registration has certainly not helped us. I wonder what Florence Nightingale would have thought of it all? What does nursing imply—trained or untrained? Complete self-effacement, obedience to orders, gentleness and unselfishness. Through the kindness of a doctor I have the privilege of seeing most of the medical journals. They deal altogether with diseases and their treatment; with the newest scientific discoveries, both surgical and medical; with special cases of deep interest. You cannot look over one for five minutes without learning something. What do we learn from our nursing journals? Nothing, practically. What we want is a journal of practical nursing, the contributions to be from nurses attending cases of interest to us all, with notes on the treatment and



results. Notes and contributions from the different training-schools on their work and methods would be of great value to us. At present the JOURNAL is merely a medium for argument and self-glorification! Surely many of us must encounter the unusual in the variety of cases we attend, from which we could all learn something!

#### TRAINED NURSE.

[This "Trained Nurse" represents exactly our ideal of the "type" of woman in nursing who makes people "bristle" and "shudder." She has had that effect upon us. She doubtless commands twenty-five dollars per week for her services and can follow blindly the doctor's orders in the care of a "case," but she is strangely ignorant of the influences that are giving to her work the character of a profession, and when she presumes to sit in judgment upon the great nursing body in the matter of State registration she displays a degree of "egotism" to which we are quite unaccustomed. She has failed to reply to our letter asking the name of the school from which she graduated, which leads us to suspect that she may not have a diploma, but we recognize her letter because she represents a "type" fast becoming extinct, we are thankful to say, but which will have to be reckoned with until the kindly hand of time and improved standards of education has effaced it.

We think this "Trained Nurse" has a wrong conception of what a nursing journal should be. She seems to think that such journals, when owned, edited, and managed by nurses, should contain medical articles written by nurses. Such contributions written by nurses are rarely given space in a good nursing journal, nor are nursing papers written by doctors often published in such journals. Disease and its treatment is a purely medical subject, and such information should be obtained from medical magazines. The nursing of disease is a nursing subject, and can be best described by nurses who are actually engaged in the practical work. We are fully aware that this JOURNAL lacks in some degree papers written by nurses in practical work. We have been for five years endeavoring to stimulate nurses to express themselves through our pages, that all may profit by the experience of the individual, but we have come to realize that such expression is the result of professional growth, and that development is, and perhaps must be, slow along these lines. We are inclined to believe that when nurses have conducted their own professional magazines for as many years as the medical profession has been doing that they will express themselves quite as well, and then it may be fairly just to compare the magazines of the two professions.

However, we do not recognize this "Trained Nurse" as a regular contributor to this or any other nursing magazine. We really would like to know what she has ever done for her profession that gives her the right of criticism. Our pages are open to her and stand waiting to "learn something" from her experience.—Ed.]

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DEAR EDITOR: I find many things of much help and interest to the active, busy nurse in the JOURNAL, but so far no one seems to have planned for the time when we, like the rest of the human world, will be old and helpless, a stage we of all people reach rather early along life's short journey, as our work is of a kind that taxes body and soul.



The question, and rather a large one it seems to me, is, what is to become of the old, helpless body of nurses? Go home to families or friends that have had but little or none of the life we have devoted to work, but not to them, for the average nurse's family needs must get someone else to care for them when sick? A nurse's life or time is never her own; when young and able to work, all well and good; but as a rule she is not a good financier, therefore her bank account rarely reaches the fifth figure. When she grows old and helpless she has always been so independent that when the time comes that she is dependent she must feel it very keenly, so in the face of these facts why not have a home to go to that she has helped to build for herself in the years of her busy young life?

It seems that this ought to be an easy matter. We surely have nurses enough in the States to club together and furnish homes for our old age. I am certain this can be accomplished.

Perhaps there have not been enough old nurses in the rank and file as yet to feel the need of this, but the time must come when the need will force itself home to us. It was brought home to me rather vividly here last June in the sudden death of an American nurse who had been here some time. A doctor in speaking to me of the case said, "Well, poor Miss B. is gone, and under the circumstances I deem it fortunate for her. Here she was, a woman forty-seven years old and only seven pounds (about thirty-five dollars) in the bank, not enough to even bury her, and she has been busy here for twelve years. What would have become of her had she lived past the time when she could have worked? and she was rapidly nearing that point." What, indeed? and what is to become of many of us, unless we furnish a retreat somewhere for our old age? Can't some of my sister nurses who know much more about this sort of thing than I do help out with some of their good, common-sense views on the subject. We seem to be about the only body of people who have not looked ahead in this way. The churches have homes for those who work for them, Uncle Sam takes care of his old and helpless, and even the theatre folk have thought of the fact that there comes a time when they must retire, so surely we who pride ourselves on our up-to-dateness ought not to be outdone in this.

Possibly this ground has all been gone over before. If so, I can only excuse myself on the ground that I have never seen it mentioned, but as I have only taken the JOURNAL this year, that may account for my lack of knowledge. If it has not already been gone over I hope to see something in the JOURNAL about it.

By the way, I wonder if any number of it goes farther from home than my own? It comes here to me and I send it to a nurse in Finland,

who has charge of a general hospital there of a hundred beds. The JOURNAL is the only English print she ever sees there. She has charge of the hospital from which she graduated some years ago.

Dear Editor, I beg your pardon for sending so long and I fear stupid letter to you, but I feel the cause is a just one, and while the dear JOURNAL is so busy with all that pertains to our welfare, I trust it can spare a little space for this idea of a nurses' retreat in the not far future.

I have followed you all so closely these last three months. What a busy time, as well as pleasant one, you are all having. I am exiled out here in mid-ocean, away from you all, and I miss you so much, with no other American nurse here. I have been here since January, 1904, and do not know when I shall get back to God's own dear country. Have been on one case fifteen months.

Wishing the JOURNAL all sorts of good fortune in its helpful mission through the world, very sincerely yours,

(MRS.) KATHARINE L. WARD.

BERMUDA, September 3, 1905.

[Mrs. Ward's letter is in pleasant contrast to that of the "A Trained Nurse," and she introduces a subject that needs the serious consideration of all nurses. There is no question but that many nurses are bad business managers. They earn their money easily and spend it freely for themselves and others, accordingly giving little thought to the future. Isn't it time, as Mrs. Ward suggests, that some plan for these helpless in old age be considered?—Ed.]

DEAR EDITOR: I have been wondering how many nurses know of the "Housatonic Home," Shelton, Conn., and, knowing of it, would be willing to band together and provide the money to prevent its being sold next fall (three thousand five hundred dollars is the sum required).

"The Home" is an old farmhouse, the main part about one hundred and seventy-five years old. There are nineteen rooms in it, and the sitting-room has an immense old fireplace (which makes it very attractive, especially on cool mornings and evenings when there is a fire in it).

There are thirty-five acres of land belonging to it. It is situated in a very picturesque part of Connecticut, about two miles from Shelton, nine from New Haven, and twelve from Bridgeport. It is easy to reach from New York, and during the summer months the sail from there to Bridgeport is delightful. The trolley-ride from Bridgeport to the home along the banks of the Housatonic River is delightful indeed. There is a walk of about five minutes from the trolley to the house.

Four years ago this home and the land surrounding (thirty-five acres) were given to the New York Branch of the Guild of St. Barnabas.

Since then it has proved a great boon to those who have cared to spend their vacations there; especially has it been of great benefit to pupil nurses and to those who hold institution positions, as the cost of reaching it from New York is small, and it is an ideal resting-place.

Although the matron (a graduate nurse) has done everything in her power to make it agreeable and attractive to those staying there, and has often done all the work totally without help (through lack of funds), she has only been able to pay running expenses and keep it out of debt.

With two or three exceptions the members of the guild, to whom the home belongs, take no interest in it and have decided to sell it this coming fall.

The house needs repairing badly and the land needs fertilizing.

It seems to me (and I have spent many weeks there at different times) that if every nurse (in this part of the country at least) would subscribe a small sum they might buy it, and by pledging a small amount annually and keeping their pledge they could own and keep in repair a valuable piece of property where members of the profession could rest when nervous and tired, and also that in time there would be some income from it.

ANNIE REA,

Graduate of the Liverpool Nurses' Training-School, Liverpool, England  
(Hospital), Liverpool Royal Infirmary.

[This letter, coming at a time when the question of a home for aged nurses has been raised, makes it seem an easy matter for the guild nurses to hold this property if they so desire, if for no other purpose than to provide a refuge for members who may reach old age without means of support. Here is an opportunity to exercise good business management. Secure the property and put it on a paying basis, at least for a time.—Ed.]

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DEAR EDITOR: In the July number there was a letter the trend of which was the disloyalty of the nurses to the physicians and the failure of the trained nurses to guard family secrets which come to their knowledge. This knowledge comes to them not because of curiosity, but many times because the patient or patient's relatives tell them, and unlock the door of the closet, exposing to view the hideous skeleton. Then the nurse (it is a rare exception that she does not) turns the key and never discloses what she has seen or heard. Many times the patient has carried a heavy burden. For years the heart has ached and the longing for a sympathizing listener who would hold the confidence as sacred as a priest would a confession has been great, and when the trained nurse comes to the home to minister to her suffering, that patient looks into her face, and in that face she reads, "Yes, I can trust her," and so

the whole life is laid bare, and the sin, the sorrow, the struggles, the victories, the defeats, we know them all. And again I say, it is a rare exception that these confidences are betrayed. We guard them as we would guard our own.

And in regard to our loyalty to the doctor: As a class we are loyal to the physician from the beginning to the end. I have listened to many addresses on the subject of the duties of the nurse to the physician, and that the nurse should be absolutely loyal to the doctor was emphasized again and again. It has been hammered into us until there is no possibility of our forgetting our duty in that respect. I think I would enjoy reading an article or listening to a speech the subject of which would be the loyalty of the physician to the nurse. There is too much said and written on one side and too little on the other.

The writer of the article to which I refer also spoke of the large number of inferior women in our ranks. Not only myself, but many others, resent this imputation. That there are a number of inferior women in our ranks cannot be denied, but when we think of the large number of nurses, those who are not a credit to their profession are very few—as few if not fewer than in any other body of workingwomen. And in no other profession do we find women of more beautiful characters than in our own ranks. We are too prone to think because another person's nature does not chime with ours that they are inferior, when it is only a question of incompatibility and not of inferiority. I am proud of my profession, and proud to be one of a large number whose work is the alleviating of suffering. Sincerely yours,

HARRIET E. SIOSBER,  
Salida, Col.

[We are quite of the opinion that if all nurses were to tell all they know about all doctors and all patients there would be strange happenings in many places. We agree with the writer that it is the few among nurses who are disloyal to their trusts, not the many.—Ed.]

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



**BROMIDES IN EPILEPSY.**—Dr. Frederick Peterson in *American Medicine* asserts his belief that a great many more epileptics have been injured than have been benefited by bromides. A regulated diet and outdoor exercise will improve one-half of all cases. About ten per cent. can be cured by proper treatment. If the bromides are used, small doses should be given.

## OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

### STATE MEETINGS

**INDIANA.**—The third annual convention of the Indiana State Nurses' Association was held in Indianapolis on September 11 and 12. The annual meeting is held each year during State Fair week, as there are reduced rates on all railroads. The meeting was called to order at eleven o'clock by the president, Mrs. E. G. Fournier. Invocation by the Rev. T. J. Villers. The welcome address was made by Mayer Holtzman, the response by Miss Hicks, of Fort Wayne. Mrs. May Wright Sewall, honorary president of the International Council of Women, gave an address on "The Modern Nurse and Her Relation to Life." The afternoon session was devoted to routine business and reports of societies. The reports read from local societies showed a gain in interest and organization since last meeting. Some societies have a regular course of study, others arrange clinics in surgery for their members, while some have programmes, where the nurses read papers or have addresses on interesting subjects by the medical profession. Reports were made by the delegates, Miss Grant and Miss Sollers, to the convention at Washington, D. C. On Monday evening the City Hospital Alumnae Society gave a reception at the City Hospital, celebrating their twenty-first anniversary. At this reception Dr. W. N. Wishard gave a very interesting address on the organization of the Training-School, the second one organized west of the Allegheny Mountains. The third session was devoted to election of officers and the reading of papers, "The Nursing of Nervous and Mental Diseases," by Miss E. M. Baker; "Pulmonary Tuberculosis," Miss K. McManus; "The Organization and Progress of Training-Schools in America," by Miss E. Stevenson; "Obstetrical Nursing," Miss L. Partch. In the afternoon of the 11th the nurses visited the laboratories of Eli Lilly & Co., following this a trolley-ride. On Wednesday, September 13, the nurses visited the Indianapolis Crematory. They then divided, part going to a surgical clinic by Dr. L. H. Dunning at Duncanson Hospital and those interested in electro-therapeutics to Dr. W. B. Fletcher's sanatorium. The semi-annual meeting will be held at Lafayette next spring. Officers elected: President, Mrs. E. G. Fournier, superintendent of the Training-School of the Hope Hospital, Fort Wayne, Ind.; first vice-president, Miss Edna Humphrey, Crawfordville; second vice-president, Miss Clara A. Carr, superintendent of the Training-School of the Epworth Hospital, South Bend; secretary, Miss F. M. Grant, superintendent of the Training-School of the City Hospital, Indianapolis, Ind.; treasurer, Miss Anna Reim, Indianapolis; chairman of Standing Committees: Credentials—Miss Minnie L. Prang, Indianapolis; By-Laws—Miss Elizabeth Heffner, La Fayette; Publication—Mrs. N. H. Kipp, Indianapolis; Arrangements—Miss Mary B. Sollers, superintendent of the Training-School of the Home Hospital, Lafayette, Ind. A Nominating Committee of three was elected: Chairman, Dr. Maude W. McConnell, Indianapolis; Miss Lena Weaver, Fort Wayne, Ind.; Miss Minnie Moore, Lafayette.



CONNECTICUT.—The Graduate Nurses' Association of Connecticut held a regular quarterly meeting in New London on September 6, Mrs. Mary T. Fuller in the chair. The meeting was opened with prayer by Rev. J. Remayne Danforth. Then followed a piano solo, prettily rendered by little Miss Madeline Damer. Dr. F. N. Braman, dean of the New London Memorial Hospital, made an address of welcome to the nurses, in which he said that they had selected a day almost sacred to New London, it being the anniversary of its burning by the English in 1777. He called their attention to Nathan Hale's School, the Old Mill, and several other places in the old town that are of interest to Connecticut people generally. Dr. Danforth gave a very interesting talk on "Things that are Worth While Doing," which seemed especially appropriate to nurses with their varied experiences. The business of the association was then taken up, the principal matter in discussion being the revision of the by-laws. When the meeting adjourned the members were taken for a trolley-ride through the pretty town and out to "White Beach," where they had a picnic in the shape of a basket lunch. The Executive Board had its meeting at the beach, and then the association visited the Memorial Hospital, which has an ideal situation on a hill, not far from the beach. The meeting was well attended, and was satisfactory in every way.

JEANNIE M. CAMPBELL, Corresponding Secretary.

MARYLAND.—The Maryland State Board of Examiners of Nurses reports three hundred and nine application papers sent out, upon request, and one hundred and thirty-seven of these have been filled out and returned. Seventy-nine nurses have been registered and twenty are waiting for further investigation. Thirty-eight applications have been received since the last meeting of the board. The board cautions the nurses to read their papers very carefully before returning them to the secretary, making sure that all of the questions are answered, and answered correctly, as omissions and errors cause delays. The board realizes that in a State where registration is as new as it is in Maryland, it is not always possible to find a nurse already registered who can sign as a voucher, but when unknown nurses—possibly from unknown and distant schools—sign the certificate it is necessary to investigate both school and voucher as well as the applicant. This makes the problem more difficult and adds greatly to the time required before the nurse can be registered. Attention is called to the fact that the months are slipping by in which it is possible for nurses, eligible for registration in the State of Maryland, to register without examinations. Only eight months remain before June 1, 1906.

MARY GARY PACKARD, Secretary.

NEW YORK STATE SEMI-ANNUAL MEETING.—The semi-annual meeting of the New York State Nurses' Association will be held at Niagara Falls on Tuesday and Wednesday, October 17 and 18, 1905. The headquarters will be at the new annex of the Temperance Hotel, and business meetings will be held at Convention Hall in the National Food Company Building, beginning at ten A.M. and two P.M.

FREDA L. HARTMAN, Secretary,

82 East Eighty-first Street, New York City.

OHIO.—The annual meeting of the Ohio State Association of Nurses will be held in Cleveland, O., on Tuesday, October 17 and 18. All graduate nurses are invited to attend the meetings.

ELIZABETH M. HARTSOCK, Secretary.



REGULAR MEETINGS

**MINNEAPOLIS.**—The annual meeting of the Hennepin County Graduate Nurses' Association was held at the Nurses' Club, 1502 Third Avenue S., Thursday afternoon, September 14, at three o'clock. Twenty-five members were present and much enthusiasm manifested. The secretary reported a membership of one hundred and twenty-three on the roll. Seven resigned, one died, and nine were dropped from the roll for non-payment during the past year. The treasurer shows a balance of forty-one dollars and five cents in the treasury. In the educational line considerable has been accomplished. Subjects pertaining to the elevation and progress of nursing are discussed at all monthly meetings. The registry in charge of Dr. Marion A. Mead has been a decided success. During the past six months more than five hundred calls for nurses have been received in and out of the city. Rising votes of thanks were tendered Dr. Mead, the registrar, and Miss Bertha Erdmann, the retiring president, for their faithful work. The officers for the coming year are: President, Miss Edith Rommell; first vice-president, Miss Cora Smith; second vice-president, Miss Carrie Randlehour; secretary, Mrs. C. A. Roberts; treasurer, Miss Elva Bosworth. After the meeting refreshments were served and an enjoyable half hour spent.

**MINNEAPOLIS.**—How fortunate the nurses of Minnesota were to meet and listen to Miss Palmer's talk on "State Registration" the first of September, while passing through on her journey home from the coast. Surely such encouragement and good advice cannot help but bear fruit. It came at a very opportune time, while we are in our "early stage" of organizing, and was an inspiration to all. After listening to a woman of Miss Palmer's experience one cannot help but realize the enormous amount of work and efforts put forth to accomplish State registration. After the meeting an informal reception followed, and the "trolley-car" took all to St. Paul, where a dinner awaited them. A reception at the Nurses' Club-House filled the evening hours.

**CAMDEN, N. J.**—An adjourned annual meeting of the Alumnae Association of the Cooper Hospital Training-School of Camden, N. J., was held Monday evening, September 11, in the Nurses' Home at the hospital. It was decided to hold the meetings of the association at the "Nurses' Directory" at 536 Stevens Street hereafter. The following officers were elected for the ensuing year: President, Miss G. Michaels; first vice-president, Mrs. F. J. Kelly; second vice-president, Miss M. G. Woods; secretary, Miss M. F. Smith; treasurer, Miss M. E. Rockhill. The next regular monthly meeting will be held on Monday evening, October 2, 1906.

**BUFFALO.**—At the June meeting of the Buffalo General Alumnae the following officers were elected: President, Miss DeCue; vice-president, Miss Rothfus; corresponding secretary, Mrs. Taylor; recording secretary, Mrs. Storeh; treasurer, Miss K. I. Kennedy; historian, Miss Hayes; Executive Committee—Mrs. Nye, Miss Steele, Miss Griffin.

**CORRECTION.**—On page 800 of the August number, sixth line from the top, read "Gardner" instead of "Falconer."

**BIRTHS**

In May, a daughter to Mr. and Mrs. Walter Hull Birdseye, of Oklahoma. Mrs. Birdseye was Miss Alice Merwin, Johns Hopkins, Class of 1896.

In Baltimore, August 28, a daughter to Mr. and Mrs. Jefferson Norris (*see* Cabell Perkins, Johns Hopkins, Class of 1897).

**MARRIAGES**

AUGUST 23, in Altoona, Pa., Miss Margaret Grace Fay to Dr. H. O. Sappington, of Galveston, Tex. Mrs. Sappington graduated in the Class of 1896, University of Pennsylvania Hospital, and occupied the position of superintendent of the John Sealy Hospital, Galveston, for two years, but for the past year she held the same position at Germantown Hospital, Philadelphia. Dr. and Mrs. Sappington will be at home after October 1 in Galveston, Tex.

By the Rt. Rev. Bishop Brent, at the Episcopal residence, Manila, P. I., August 14, 1906, Lucile E. S. Flick, late of the Army Nurse Corps, and chief nurse Division Hospital in that city, to William Tracy Page, son of Brigadier-General John H. Page, United States Army, retired. Mr. and Mrs. Page will reside in Manila.

In Chicago, August 1, Miss Emma J. Kraiger to Mr. Conrad Striewing. Mrs. Striewing was a graduate of the Woman's Hospital, Chicago, and had charge of that hospital for sixteen years.

At New York, N. Y., August 2, 1906, Miss Hazel Wilcox, graduate of Bridgeport Hospital Training-School, Class of 1904, to Dr. Walter Keirnan, of Newtown, Conn.

At Lakewood, N. J., July 26, 1906, Miss Anna Walters, graduate of Bridgeport Hospital Training-School, Class of 1903, to Clarence H. Shinn.

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**OBITUARY****MEMORIAL TO MRS. M. H. LAURANCE\***

It is eminently fitting on this reunion to pay some tribute of respect to our deceased friend and co-worker, Mrs. M. H. Laurance. In the brief interval of a year death has entered our ranks and removed from us one of our most esteemed and useful leaders. I suppose none in this assemblage of nurses could claim any degree of intimacy with her, yet all who have come in personal contact with her must have felt the impress of quiet dignity and reserve, the perfect candor, and fine judgment and executive ability which were her characteristics. Always active and progressive in nursing affairs, she easily imparted the inspiration for higher ideals and achievements to those about her.

In her biography we have little outside the professional career. In a letter containing data of her life, her friend, Mrs. Barber, says: "I am sending you all I can remember of what Mrs. Laurance has told me of her past life; she was a woman who spoke very little of herself, even to me, her dearest friend."

Mary Hammond Laurance was born at West Malling, Kent, England, February 12, 1866. She was a daughter of William Jones and the late Elizabeth

\* Read at the North Carolina State Nurses' Association by Miss B. Dunn, Raleigh, N. C.

Mary Ludford. At the age of nineteen she graduated from the Training-School for Nurses connected with St. Mary's Hospital, London, England, and had entered upon a post-graduate course in the same school when she met and married Dr. Francis Laurance.

This, however, did not deter her from pursuing the noble work for which she was so rarely gifted, and to which she dedicated her life. Together husband and wife devoted themselves to the beautiful charity of slum-work in London for three years.

Then came the tragedy of her husband's sudden death, followed in quick succession by the death of her mother and her infant. The terrible shock caused a long and critical illness.

In the spring of 1888 Mrs. Laurance left England, going to Montreal, Canada, where she remained for two years in a diphtheria hospital. Next she went to Albany, N. Y., then to Roosevelt Hospital, New York City, where she served as head nurse for several years. Next we find her in Maryland; then in a private hospital in Cincinnati, O. Here again the frail but dauntless body succumbed to disease. She was operated upon there and was in the hospital for a year.

On regaining her health, she became superintendent of nurses at the Washington City Hospital. After two years she resigned this position to go home to England. On returning to this country she accepted the position of superintendent of nurses at St. John's Hospital, Yonkers, N. Y. Another serious illness forced her to resign this position after a period of two and one-half years. In December, 1898, she became matron and superintendent of nurses at the Franklin County Hospital, Greenfield, Mass. Three years later she resigned this position to become superintendent of Rex Hospital, Raleigh, N. C., which position she had until her death, September 10, 1904. Here, possibly, were some of the most fruitful efforts of her career. In an incredibly short time she brought order out of chaos, improved and elevated the nursing conditions, and saved the hospital from what threatened to be a financial death. She was vice-president of our North Carolina State Nurses' Association, one of the Board of Directors, and also one of the State Examining Board for Nurses.

After a long illness she was taken to Leyden, Mass., where she died at the home of her dear friend, Mrs. Barber, her body resting in the Barber lot at her own request.

And boldly may it be said of her, that she died—

*"At least, not rotting like a weed,  
But, having sown some generous seed,  
Fruitful of further thought and deed."*

SURSUMUS 8, at New Haven, Conn., of typhoid fever, Miss Elizabeth Kenny Ruth, graduate of the Bridgeport Hospital, Class of 1901.

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## HOSPITAL AND TRAINING-SCHOOL ITEMS



### TRAINING-SCHOOL NOTES

For the first time in the history of training-schools for nurses in the State of Illinois diplomas were conferred on nurses with the graduates of a university. This is an advance step in the right direction, making the training-school an additional department of a university. The schools of law, medicine, pharmacy, and dentistry are fitly supplemented by the training-school. It is quite proper that the Mercy Hospital Training-School should be the first in Chicago to attain this honor, as the Mercy Hospital is the oldest in Chicago, having been established in 1848 in connection with the Rush Medical College. In 1859 the Chicago Medical College was established on the South Side, and the Sisters of Mercy had built a hospital on Wabash Avenue near Van Buren Street. The Rush Medical College remaining on the North Side, circumstances favored the connection of the Mercy Hospital with the Chicago Medical College. In 1864 the hospital was removed to its present site, corner of Twenty-sixth and Calumet Avenue, and the Chicago Medical College was then built on the corner of Twenty-sixth and Prairie Avenue, on the grounds belonging to and adjoining the Mercy Hospital. The hospital staff was always composed of professors of the Chicago Medical College, and later, when the Chicago Medical College affiliated with the Northwestern University, the same relationship continued with the Mercy Hospital by agreement of the two institutions. Mercy Hospital is always furnished medical and surgical attendance by the Chicago Medical College, which is now the Medical School of the Northwestern University. In this way the Mercy Hospital Training-School and Mercy Hospital are closely connected with the Northwestern. The nurses' lectures are given by men from the Northwestern Medical School and the examinations are given by each lecturer on his own subject. The Board of Examiners also sign the diplomas of the nurses. The trained nurse is the youngest daughter of the learned professions and may properly be assigned the youngest department of the university. The young women who are honored by being the first to have diplomas conferred by the university have spent three years in study and practical work in the Mercy Hospital, fitting themselves to perform skillfully and faithfully the responsible duties of their vocation. Those who received diplomas are Katherine O'Donnell, Chicago, Ill.; Isabel Devlin, Detroit, Mich.; Maude McGinnis, Chicago, Ill.; Elmer McCollins, Dubuque, Ia.; Sue O'Hara, Chicago, Ill.; Bertha Langan, Streator, Ill.; Ethel Stensrud, Joliet, Ill.; Grace Matthies, Kankakee, Ill.; Julia McGurn, Chicago, Ill.; Mary C. Gorman, Faunau, Wis.; Helen Armstrong, McHenry, Ill.; Mamie L. Knapp, Milwaukee, Wis.; Agnes Blouett, Fond du Lac, Wis.; Margaret Finkert, Rock Island, Ill.; Grace O'Brien, Champaign, Ill.; Genevieve Conway, Jansenville, Wis.; Sister M. Victorine Lippert, Mercy Hospital, Chicago, Ill.; Sister M. Lidwina Zena, Mercy Hospital, Chicago, Ill. This school, which now numbers eighty-seven pupil nurses, is entirely managed by the Sisters of Mercy. The nurses wore white costumes with their uniform cap and school badge. They went to the auditorium in carriages, chaperoned by Mrs. E. W. and Mrs. F. T.

*Andrew.* Dr. N. S. Davis introduced the nurses and President Holgate conferred their diplomas. They were most enthusiastically applauded by the audience and the faculty of the Medical School. On returning to the Nurses' Home refreshments were served, thus ending a pleasant evening which will ever remain a green spot in the memory of the Class of 1905.

### PERSONAL

Miss FYLLIS S. WOOD and her sister, Miss Charlotte Wood, with Miss Margaret Bruce, all Buffalo General graduates, went to Sweden last spring to pursue a course of study in Professor Wide's Gymnastic Institute in Stockholm. They have spent the summer on the west coast at a health resort, attending Professor Wide's summer preparatory course before joining his regular winter course.

Miss CAROLYN VAN BLARCOM, Johns Hopkins, Class of 1901, and Miss Ellen La Motte, Class of 1902, have resigned their respective positions of superintendent of nurses and operating-room nurse at St. Luke's Hospital, St. Louis. Miss La Motte has returned to Baltimore and joined the Instructive Visiting Nurses' Association, where she has undertaken the tuberculosis work.

Miss CHARLOTTE DANCY, Johns Hopkins, Class of 1896, for three years the visiting nurse of Newark, N. J., has resigned her position and been succeeded by Miss Betha Thelin, Johns Hopkins, Class of 1903, formerly visiting nurse of the Johns Hopkins Tuberculosis Dispensary and recently connected with the Nurses' Settlement of New York City.

Miss WADLAND, Miss GREEN, Miss VANNIER, and Miss TOWNSEND, Johns Hopkins, Class of 1905, will shortly become assistants at the Bryn Mawr Hospital, Bryn Mawr, Pa. Miss Wadland has recently been the visiting nurse of the Orthopedic Clinic of the Johns Hopkins Hospital.

Miss ETHELA EDMANN was appointed superintendent of nurses by the Board of Corrections and Charities at the City Hospital Training-School for Nurses, and assumed her duties September 1. Two months of "rest" has restored her usual good health.

Miss ELIZABETH M. HARTSOCK, formerly superintendent of nurses of the Presbyterian Hospital, Cincinnati, has recently been appointed superintendent of nurses at the City Hospital, Springfield, O., in place of Miss Jones, who resigned September 7.

Miss ANNA JAMMÉ, Johns Hopkins, Class of 1897, has resigned her position as superintendent of nurses at the New England Hospital for Women, which she has held for several years, and returned to her home in Minneapolis.

THERE seems to be constant demand for nurses for hospital positions in the mission field of the Episcopal Church. The corresponding secretary is Mr. John Wilson Wood, 281 Fourth Avenue, New York.

Miss HELEN BALCOM has resigned the position as assistant superintendent of the Homeopathic Hospital, Rochester, N. Y., and has been succeeded by Miss Anna M. Tripp, a graduate of the school.

Miss MARY B. CARMEN has resigned her position as night superintendent of the Allegheny General Hospital to accept that of superintendent of nurses at the McKeesport Hospital, Pa.



MISSES BROWN, CLANCY, MOSELEY, OWENS, and CROMIE, members of the Lebanon Hospital Alumnae, have taken an apartment at 1053 Tinton Avenue, Bronx, New York.

MISS EMILY McDONNELL, Johns Hopkins, Class of 1892, for nine years superintendent of nurses at the Albany Hospital, Albany, N. Y., has resigned her position.

Mrs. M. B. VAIL has resigned as second assistant at the Homoeopathic Hospital, Rochester, N. Y., to accept a similar position at the Pasadena Hospital, Cal.

MISS SARA E. PARSONS, Massachusetts General Graduate, is to organize a training-school at the Shepherd and Knesh Pratt Hospital, Towson, Md.

MISS CECILIA PRAKE, Johns Hopkins, Class of 1893, has taken charge of the East End Hospital of Pittsburg, Pa., and began her work in June.

DR. ANNA T. HINTER, graduate nurse from the Massachusetts General Hospital, has opened an office and private annatorium in Pottstown, Pa.

MISS ALICE BURT, Johns Hopkins, Class of 1894, has left the Visiting Nurses' Association and begun private nursing in Baltimore.

MISS HALLIE WASHINGTON, Johns Hopkins, Class of 1899, has removed from West Virginia to Denver, Colorado, to do private nursing.

MISS L. R. SMART has resigned her position at Pueblo, Col., and is now at her home in Athol, Mass.



**TRAINING NURSES BY MAIL.**—The *Journal of the American Medical Association* says: "Our attention has been called to an advertisement in the latest issue of a very respectable publication, the *Review of Reviews*, of the Chicago Correspondence School of Nursing. It is headed 'Be a nurse. You can if you will'—that is, of course, by instruction by mail. If there is any occupation requiring careful practical teaching and daily experience with the enigmas that arise as the main part of the instruction, it is that of nursing. The practical part of the training is the main thing. No amount of merely theoretical knowledge can properly fit a person for such an occupation. It seems to us very much like a money-making scheme on the part of its promoters designed to capture the dollars of unsuspecting females. The diploma of a correspondence nursing school would be a very unsatisfactory credential to a physician seeking the aid of a trained nurse in the many exciting and perilous emergencies that arise in medical and surgical practice, and if this fact were generally appreciated the advertisement ought to bring very little business. We hope this will be the case."

THE superintendent of a home for children writes: "The funny part of my business is this, that I, who have no children of my own, have been asked to care for so many children of other people. Brothers of mine have said: 'You have many good theories of child-training, but wait until you have children of your own and you will find that the practice of parental authority is somewhat different from the theory.' But I should be ashamed to have my brethren see my orphans act like some of my nephews and nieces."—*Charlotte*.